(9:30)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 4906 PIN# 4677451369 DATE 4/3/98

OWNER OR CONTRACTOR MICHAEL KOURY PHONE: Business _____ Home 664-8000

ADDRESS PO BOX 908 MOORESVILLE 28115

LOCATION 152 - TR ALEXANDER ACRES - ON LT ~ .2 MILE OFF RD

SUBDIVISION ALEXANDER ACRES BLOCK / SECTION _____ LOT _____ LOT AREA ~8 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/15/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

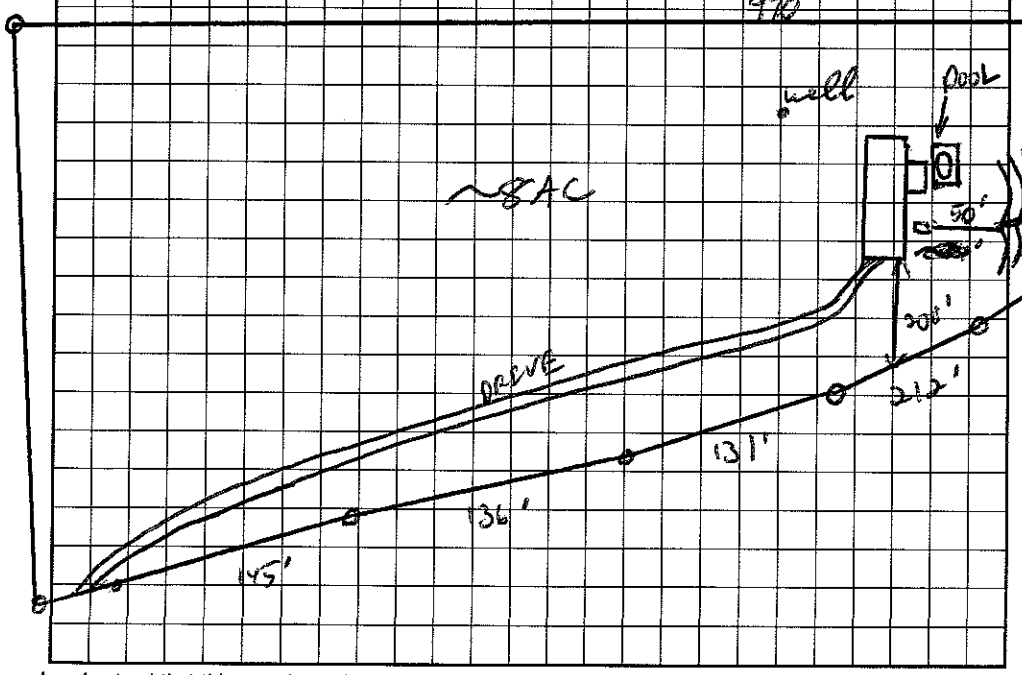
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

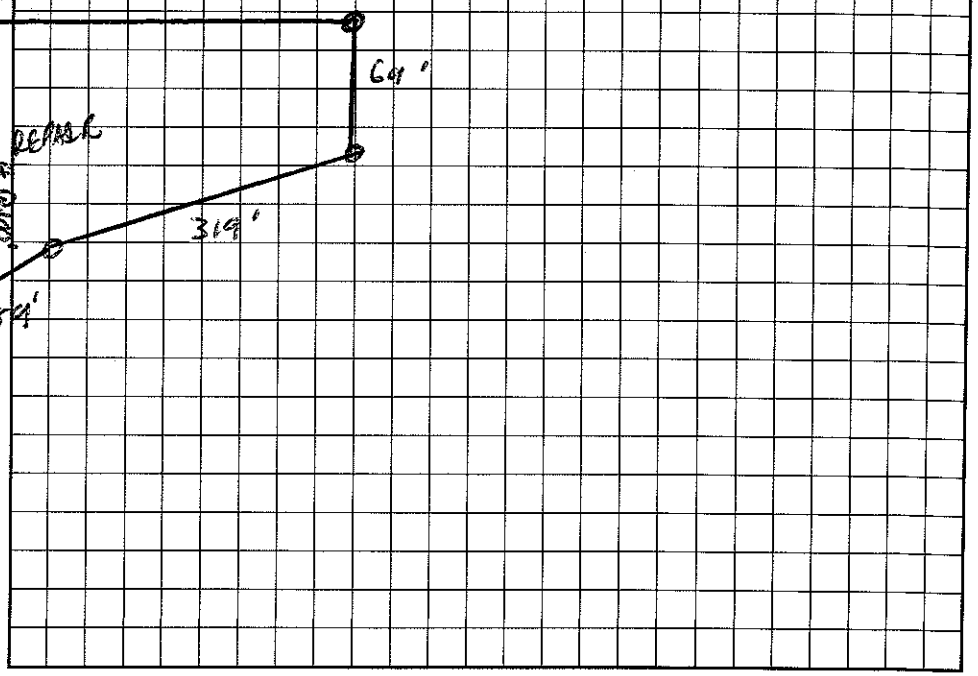
Comments:/Conditions: FLOW DIVIDER AND TWO DIST BOXES SPLITTING FIELD IN MIDDLE

Comments:/Conditions:

INITIAL SITE SKETCH NOT TO SCALE



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Susan Ketchie date 4/6/98

Improvement Permit by: C. [signature] RS date 4/3/98

Authorization to Construct by: C. [signature] RS date 4/3/98

Installed by: ORB & SON

Operation Permit by: _____ date _____

Existing System Inspection by: C. [signature] date 5/5/98

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD