IREDELL COUNTY HEALTH DEPARTMENT

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

Nelson HATHcock 2100

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

PERMIT# 103878 PIN# 4677 51 3199

OWNER OR CONTRACTOR Dogwood Development (John Freine) PHONE: Business 704-663-7527 Home DATE 1/2/02

ADDRESS 117 Clodfelter Rd. Mooresville, NC. 28115

LOCATION 152E TR Brumley Rd. TR Quiet View Dr. to 2ND lot on left.

SUBDIVISION Quiet View BLOCK / SECTION LOT 16 LOT AREA 2.15Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 3/2/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 460

No Lines ~~4@100'~~ Trench Width 3' Max Trench Bottom Depth 3'

[X] New System [ ] Repair System Type: I II III IV V VI

System Description: Brow - Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12"

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees

[ ] Other

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

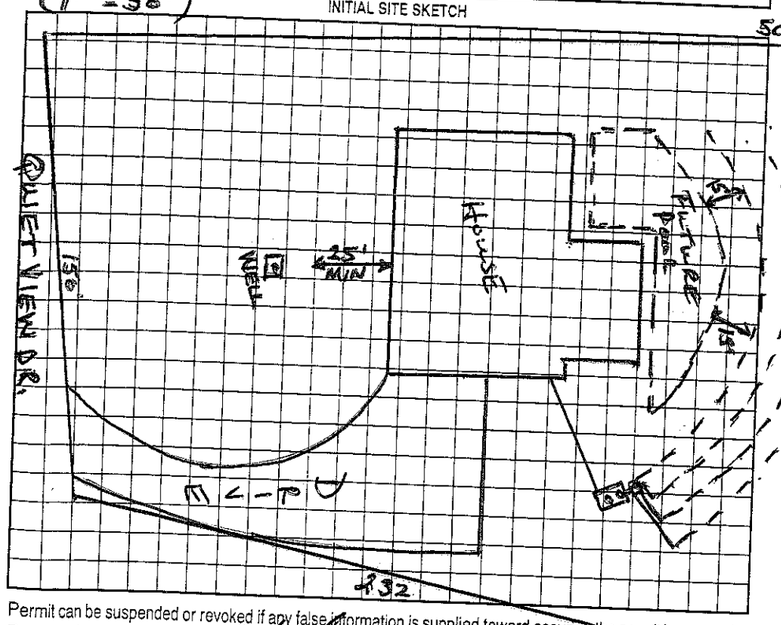
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Dist Box w/Speed Levelers.

Comments:/Conditions: 3@160'x3' EZ LAY INSTALLED

(1" = 50')

INITIAL SITE SKETCH



AS BUILT SKETCH

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: X

Improvement Permit by: Wesley Sparks RS. date 2/8/02

Authorization to Construct by: Wesley Sparks RS date 2/8/02

Installed by: Nelson Hathcock date 2/10/02

Operation Permit by: Wesley Sparks RS. date 5/11/02

Existing System Inspection by: date

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