IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-[illegible]

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

PERMIT# 080779 PIN# 4677 66 8237 DATE 5/12/99

OWNER OR CONTRACTOR Mark Reid PHONE: Business _____ Home 663-6042

ADDRESS 1917 Landis Hwy Mooresville, NC. 28115

LOCATION N Main St. TR on NSTR 152E, 2ND house on (L)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 4.77 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 4/30/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3.5
[ ] Business No. Employees ____
[ ] Other _____

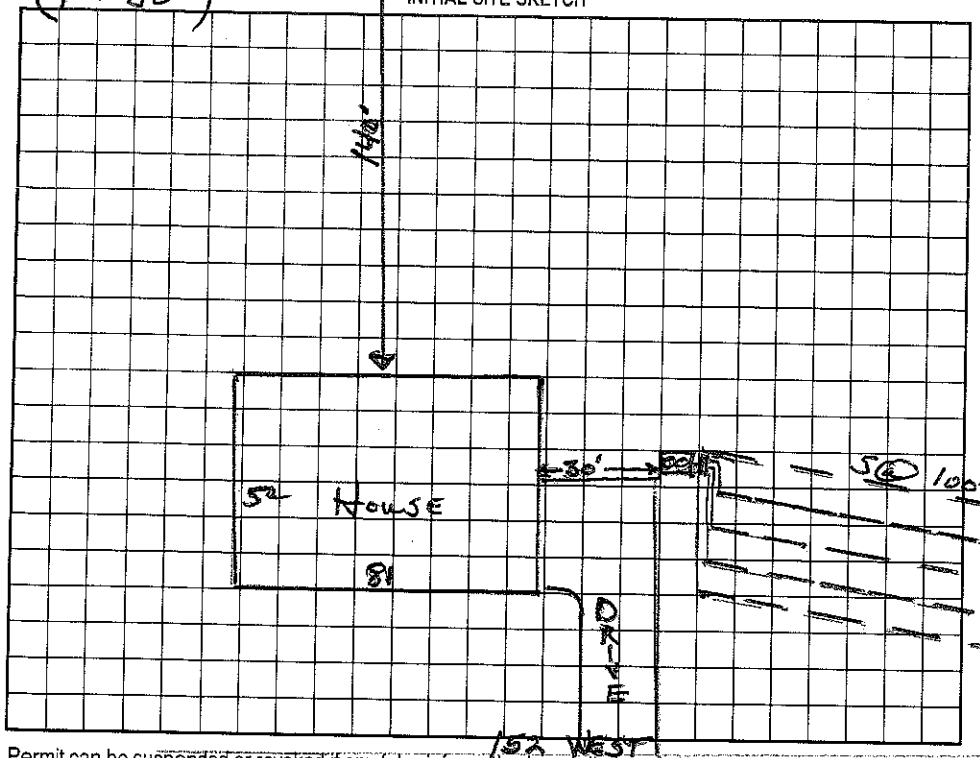
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

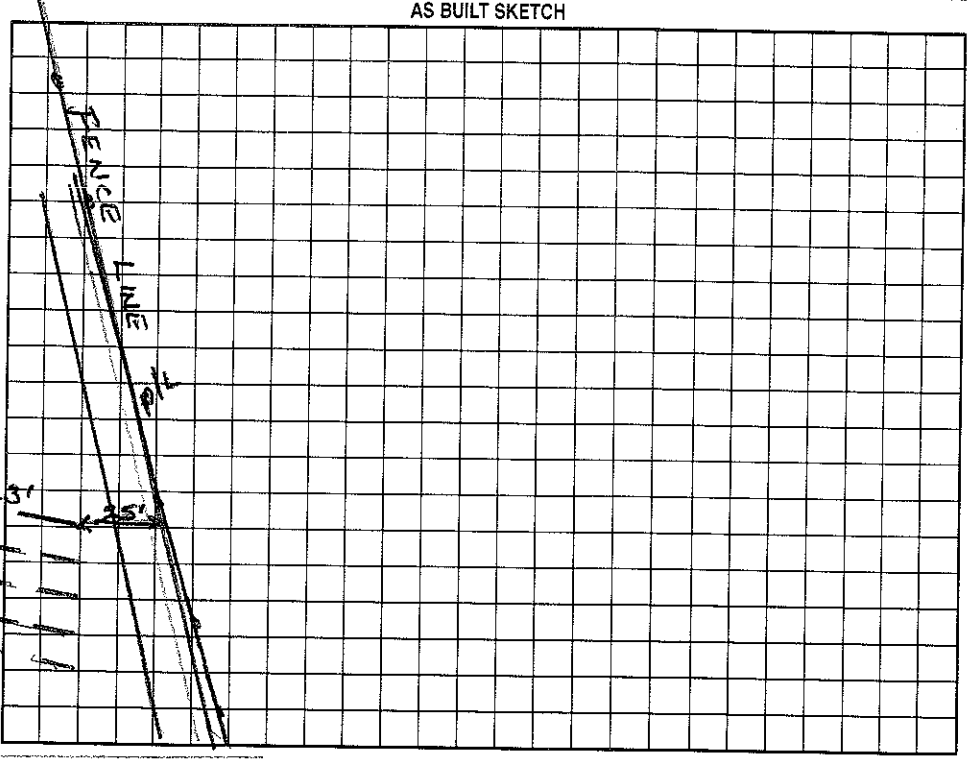
(1" = 50')

INITIAL SITE SKETCH



Comments:/Conditions:

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: * Mark D. Reid date 5-17-99

Improvement Permit by: Wesley Sparks RS. date 5/12/99

Authorization to Construct by: Wesley Sparks RS. date 5/12/99

Installed by: Larry Bacon

Operation Permit by: Wesley Sparks RS. date 7/30/01

Existing System Inspection by: _____ date _____

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