IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112858 PIN# ~~4679 18 3810.2~~ 4679 18 68164 DATE 7/31/03

OWNER OR CONTRACTOR Dale Ferguson PHONE: Business _____ Home 704-663-0557

ADDRESS 1328 Mt Ulla Hwy Mooresville, NC. 28115

LOCATION 801 N TL Triplett Rd, 1.5 miles just past Confederate Rd. Property on (R) at rear of field

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA _____ SITE CLASS. PS1 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/21/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534
No Lines 4 @ 133' Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth 12"

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

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

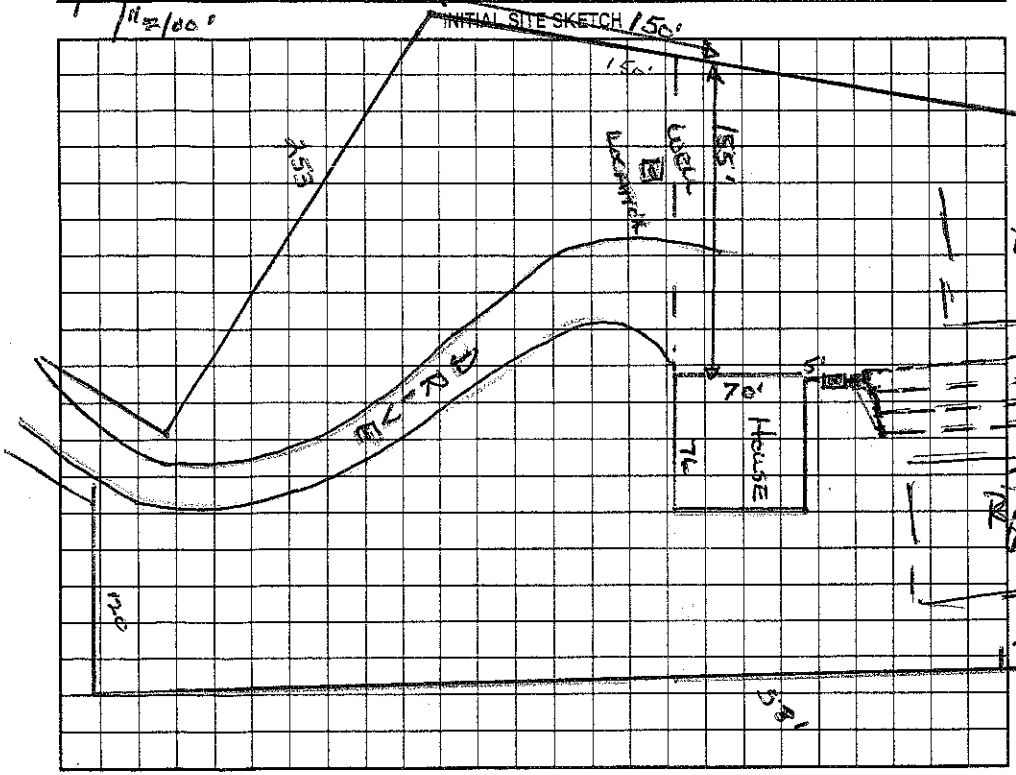
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

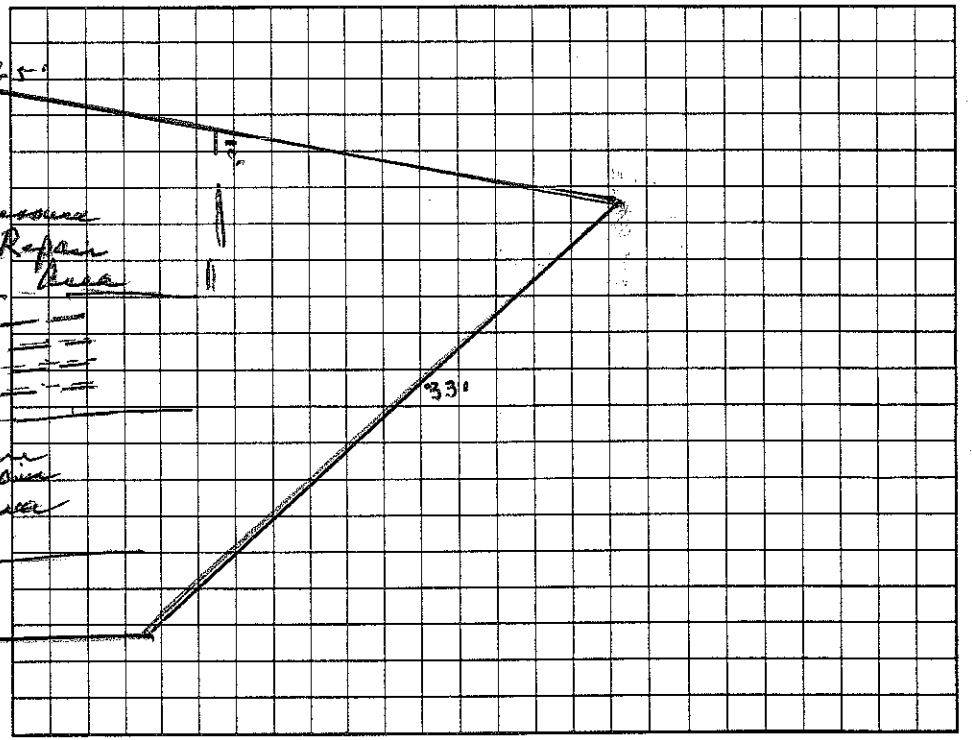
Comments:/Conditions: * Do not grade home location down - too low will need lift by adding pump + pump tank to this system. Drainfield on terrace area below proposed home location.

Comments:/Conditions:

INITIAL SITE SKETCH 15%



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: * Dale Ferguson date 8-5-03 Installed by: Dale Fox

Improvement Permit by: Wesley Sparks R.S. date 8/1/03 Operation Permit by: Wesley Sparks R.S. date 11/7/03

Authorization to Construct by: Wesley Sparks R.S. date 8/1/03 Existing System Inspection by: _____ date _____

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