IREDELL COUNTY HEALTH DEPARTMENT

ATESVILLE 704-878-5305 280.00 Paid 2:30 MOORESVILLE 704-664-5281

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

PERMIT# 108160 PIN# 4679-52-5054 DATE 8/9/02

OWNER OR CONTRACTOR Dean Stein PHONE: Business _____ Home 704-799-6986

ADDRESS 191 Azalea Rd, Mooresville NC 28115

LOCATION 801, TR Sloop Rd, on Rt of the Rd. 2440 Sloop Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~3 AC SITE CLASS. 05 DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

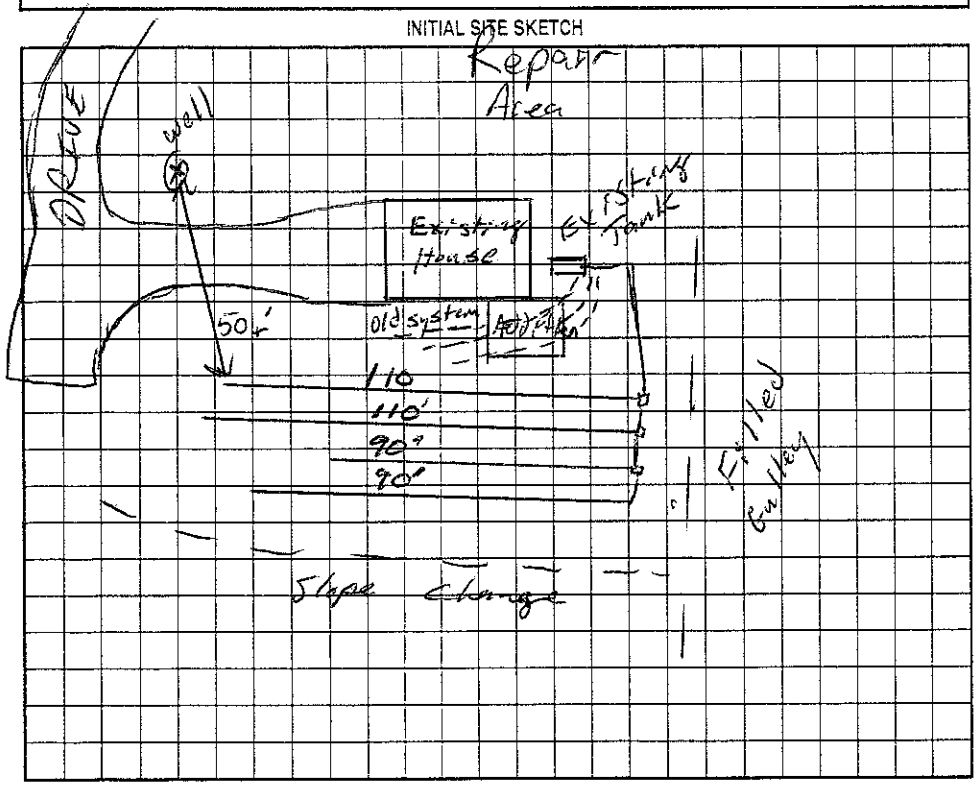
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Existing

Comments:/Conditions: Install Drain lines on Contour - Lines can be of varying length to miss Large Trees.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Filter and Risers Installed on Tank

Ez Flow Installed

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: Dean Stein date 9-16-02 Installed by: Tim Ammons

Improvement Permit by: RS date 8/9/02 Operation Permit by: RS date 9/20/02

Authorization to Construct by: RS date 8/9/02 Existing System Inspection by: _____ date _____

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