IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135863 PIN# ~~4685015295~~ 4685015178 DATE 6-19-06

OWNER OR APPLICANT ET Homes Inc PHONE: Business 704-507-3046 Home 336-372-7273

ADDRESS PO 3218 Mooresville

LOCATION 115 N TR Iredell (Hwy 3) TL Patterson Farm Rd 2mi. on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 1.40 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 786 Date 7/11/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: Panel Block gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

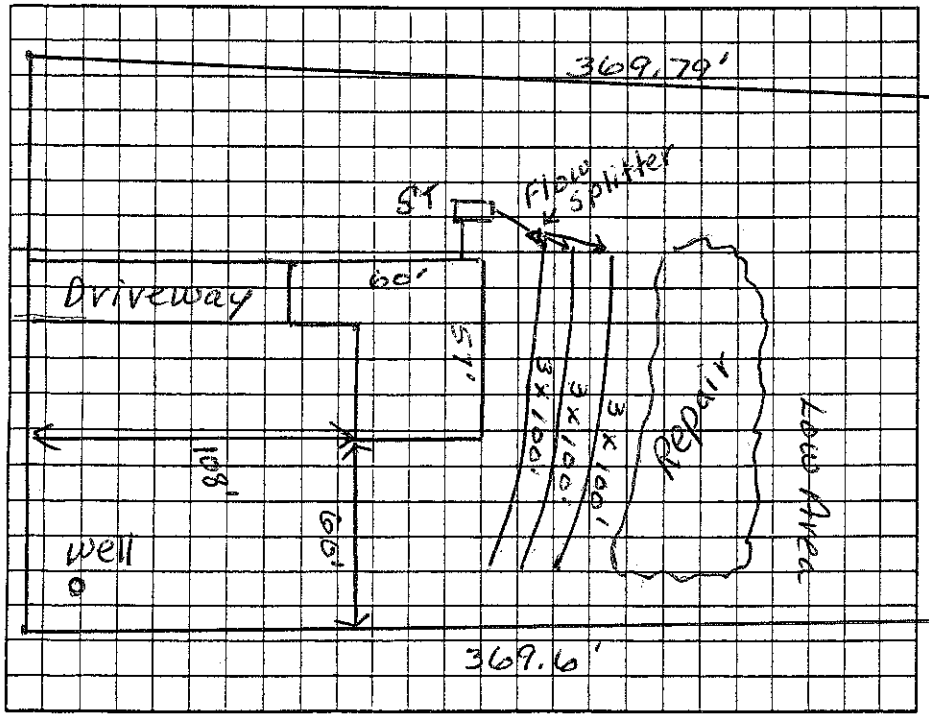
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Trench depth at 36" Use Flow Splitter such as Zoeller or may use drop boxes

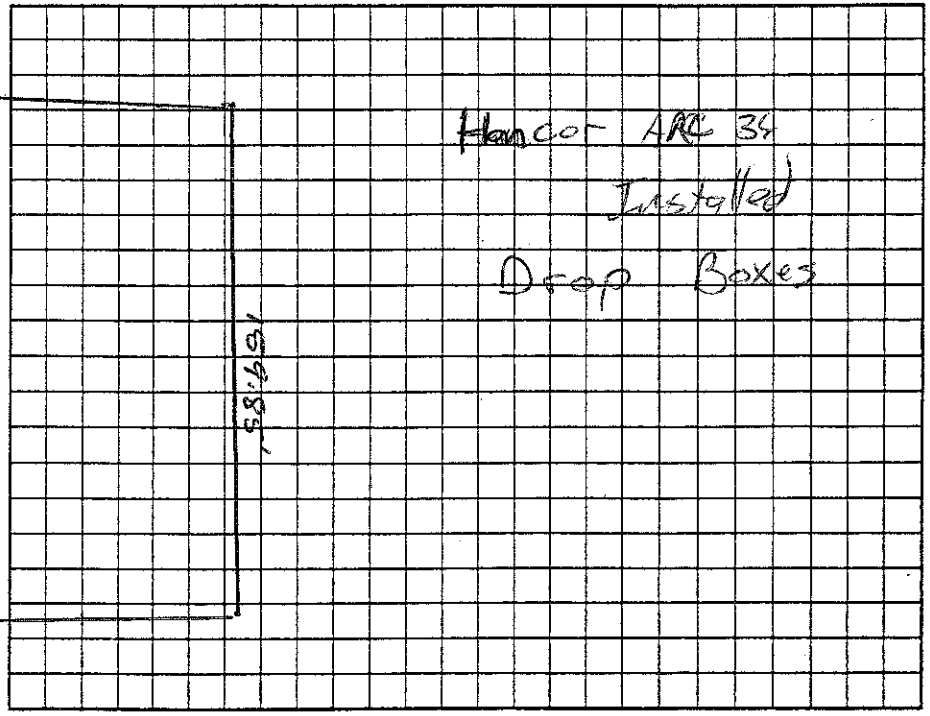
Comments:/Conditions:

1" = 60'

INITIAL SITE SKETCH



AS BUILT SKETCH



Patterson Farm Rd.

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: _____ date 6-20-06 Installed by: Paul Howard

Improvement Permit by: Judy Melville date 6-19-06 Operation Permit by: _____ date 9/20/06

Authorization to Construct by: Judy Melville date 6-20-06 Existing System Inspection by: _____ date _____

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