IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) (ad) MOORESVILLE 704-664-5281

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

PERMIT # 154077 PIN # 4719-78-8777 DATE 23 December 08

OWNER or APPLICANT Adam Hassler / Mooresville Builders E: Business (704) 880-6603 Home:

OWNER or APPLICANT ADDRESS 1516 Mocksville Hwy Stv/ll.

LOCATION / DIRECTIONS 115 N To Bowles Farm Rd. TL Vance Farm Dr. Lot on left.

SUBDIVISION Seven Oaks BLOCK / SECTION 2 LOT # 10 LOT AREA 1.25ac. DESIGN FLOW 360gpd L.T.A.R. 0.35/ft²/d

Septic Tank 1000 Gallons: STB 1000-1012 Date 4-28-08
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 4 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

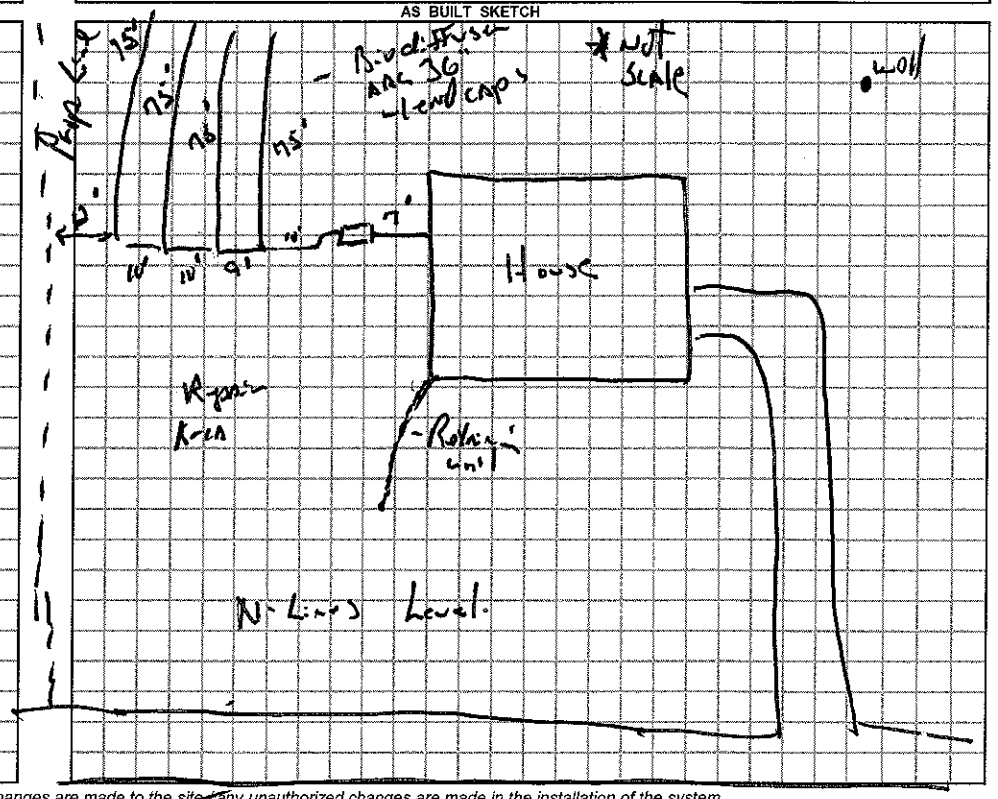
Comments / Conditions: Follow contour

Comments / Conditions: Filter attachd. / ST has marker

INITIAL SITE SKETCH

Please see Attached 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 w/ plat valid without expiration. ☐ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 1/14/09

Improvement Permit by: [signature] R.S. Date 23 Dec. 08

Authorization to Construct by: [signature] R.S. Date 23 Dec 08

Installed by: Steve Jordan

Operation Permit by: [signature] R.S. Date: 3 August 09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant