IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082181 PIN# 4730-40-7805 DATE 05/15/03

OWNER OR CONTRACTOR BF CUSTOM HOMES PHONE: Business 704-902-1348 Home CELL # 704-634-5544

ADDRESS 280 Mavietta Rd. Mooresville, NC 28117

LOCATION PERTH RD., (R) STATE PARK RD., (L) HONEYCUTT, (R) BRER FOX TR., (L) CAPTIN'S WAY, (L) ANCHOR LN., 4th LOT ON LEFT,

SUBDIVISION CAPT. COVE BLOCK / SECTION _____ LOT 3 LOT AREA 0.51 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 5-30-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: LOW PRESSURE, 50% REDUC.

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

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

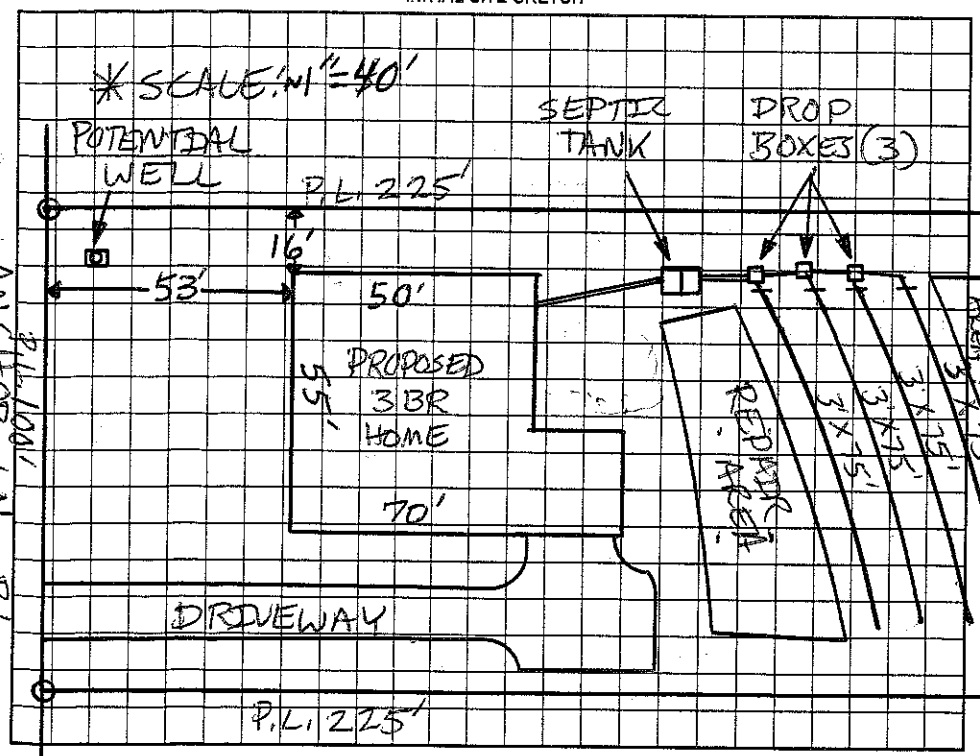
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

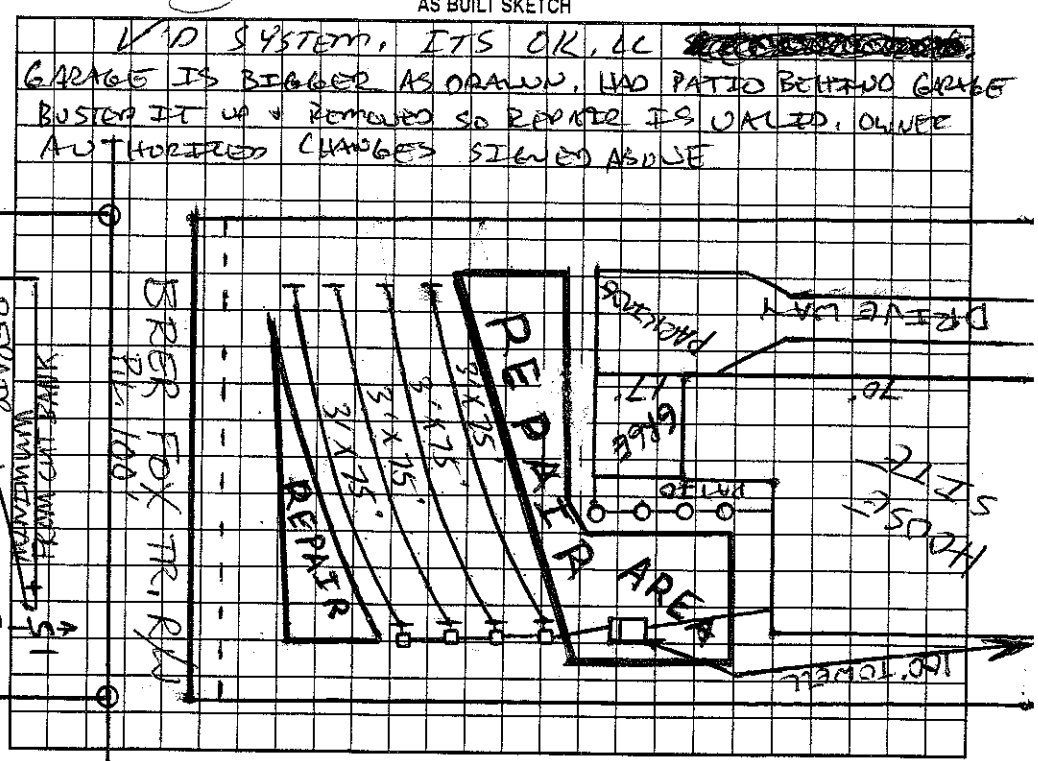
Comments:/Conditions: TUFF TITE FILTER + MARKER

* J. JERRY LYNCH AUTHORIZE TO CHANGE REPAIR AREA Jerome V Lynch

INITIAL 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 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: Bill Faul date 5-19-03 Installed by: DAVID YOUNTZ

Improvement Permit by: Patrick Mitchell date 05/15/03 Operation Permit by: _____ date 12-15-03

Authorization to Construct by: Patrick Mitchell date 05/15/03 Existing System Inspection by: _____ date _____

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