IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138200 PIN# 4630486345 DATE 4-3-06

OWNER OR APPLICANT NCV Developers LLC PHONE: Business _____ Home _____

ADDRESS 1453 Perth Road Mooresville NC 28117

LOCATION Statesville to Meadow Fall Lot on Right

SUBDIVISION Meadow Glenn BLOCK / SECTION III LOT 11 LOT AREA 1.71 SITE CLASS. BS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1000 Date 10-10-05

Pump Tank: _____ Gallons; PT _____ Date 2-9-06

Pump Make: _____ Model Goulds Serial No. WE05111H

Nitrification Field: No Fields ____ Square Feet 440 Linear Feet 360

No Lines 4 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% PR - Pump

Repair System Description: Panel Pump

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

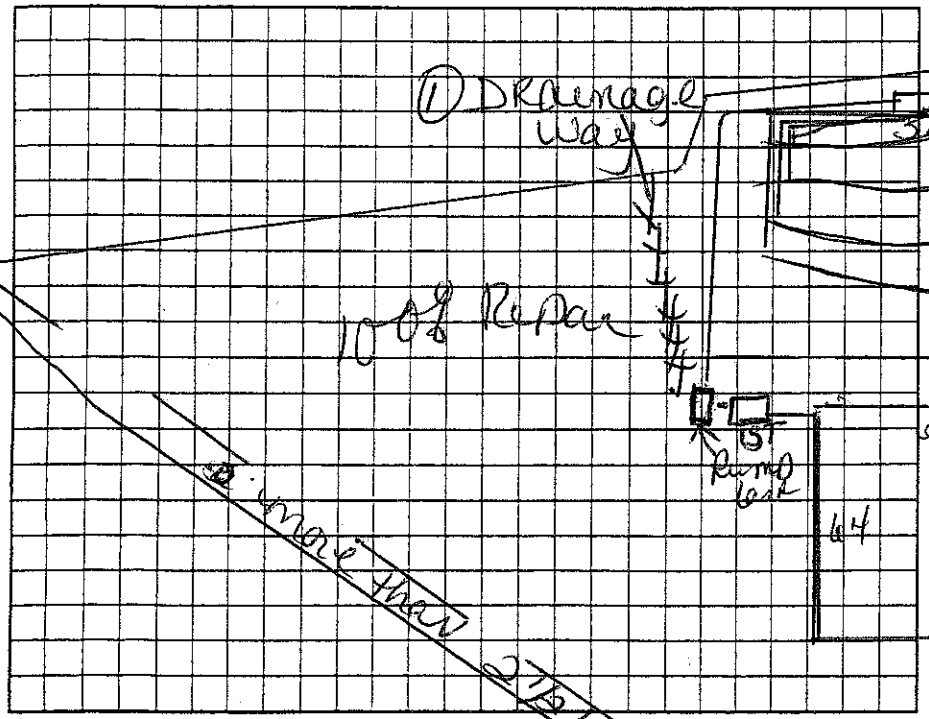
Comments:/Conditions:

Install as contour
Maintain all setbacks

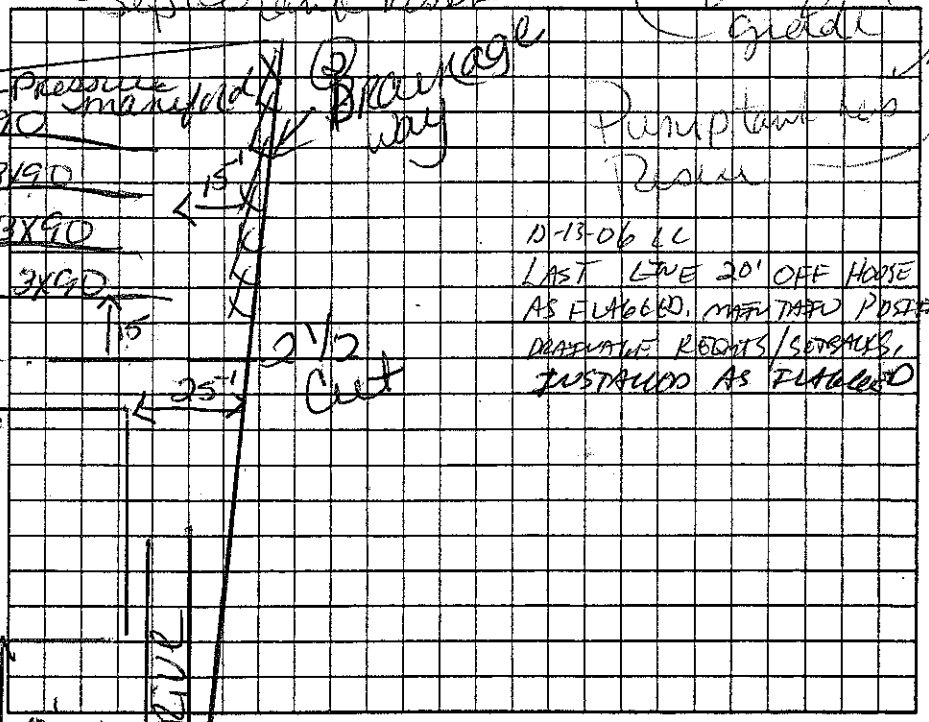
Comments:/Conditions:

Reroute drainage way #1 at Yellow Lot to fill Hole (Check Room after final Grade)

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: Terri Griffin Agent date 5-11-06

Improvement Permit by: [signature] date 4-3-06

Authorization to Construct by: [signature] date 4-3-06

Installed by: ROBBIE BROWN

Operation Permit by: [signature] date 1-31-07

Existing System Inspection by: _____ date _____

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