IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129467 PIN# 4730905378.002 4730-80-7029 DATE March 2, 2007

OWNER OR APPLICANT Bd of N.C. / Mike Jeans PHONE: Business _____ Home _____

ADDRESS 249 Williamson Rd, Suite 101, Mooresville N.C. 28117

LOCATION Perth Rd. (N) TL Winding Forest DR. 2nd lot on left

SUBDIVISION Winding Forest BLOCK / SECTION _____ LOT 2 LOT AREA 1.3 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 Initial / .25 Repair

Septic Tank: 1000 Gallons: STB 312 Date 5/19/17

Pump Tank: 1000 Gallons: PT 253 Date 1/4/17

Pump Make Gould Model DE51M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 915 * Linear Feet 305 *

No Lines 4 Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ~~☒ Basement w/plumbing~~ ☐ Basement w/plumbing

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

4 2 P

Comments/Conditions:

* Per Plan Specs

See Revised plan for AC

Comments/Conditions:

1/24/07 Tanks & lines Checked by JA

Elect, Alarm & Pres

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

AS BUILT SKETCH

Installed Pipe 288'

W. Lines 360'

Top to bottom 482'

= 3160 LF

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: Deanne Randall date 3-19-07 Installed by: Richard Abercrombie RS

Improvement Permit by: DHumm RS date 3-2-07 Operation Permit by: Maria H. Rodas date 8/13/07

Authorization to Construct by: Judy Melville date 3-30-07 Existing System Inspection by: _____ date _____

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