CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135645 PIN# 4733112926 DATE 5-30-06

OWNER OR APPLICANT Glen Devaughn PHONE: Business 704-787-0057 Home 704-663-5069

ADDRESS 235 Sweet Martha Dr Mooresville 28115

LOCATION OMR TR Wallace Springs TL Woodfield TR Southview Dr on right

SUBDIVISION Southview Est. BLOCK / SECTION ____ LOT 10 LOT AREA 1.188 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons: STB 1007 Date 11-27-0[illegible]
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 2590 Reduction gravity
Repair System Description: 2590 Reduction pump
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees ____

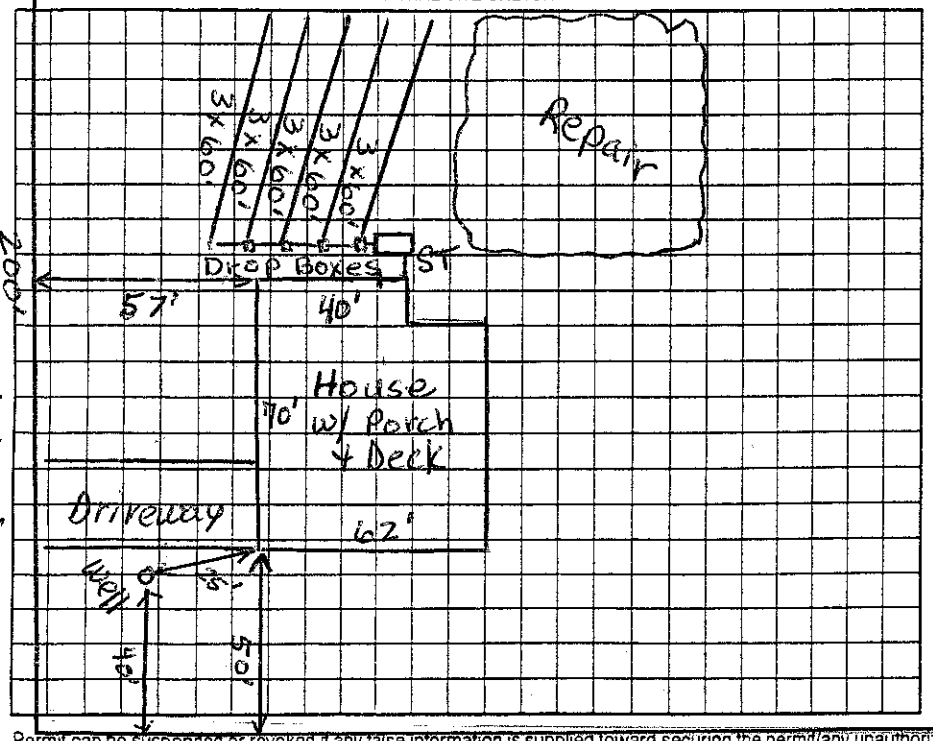
Water Supply: ☒ Individual ☐ Public ☐ Community

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

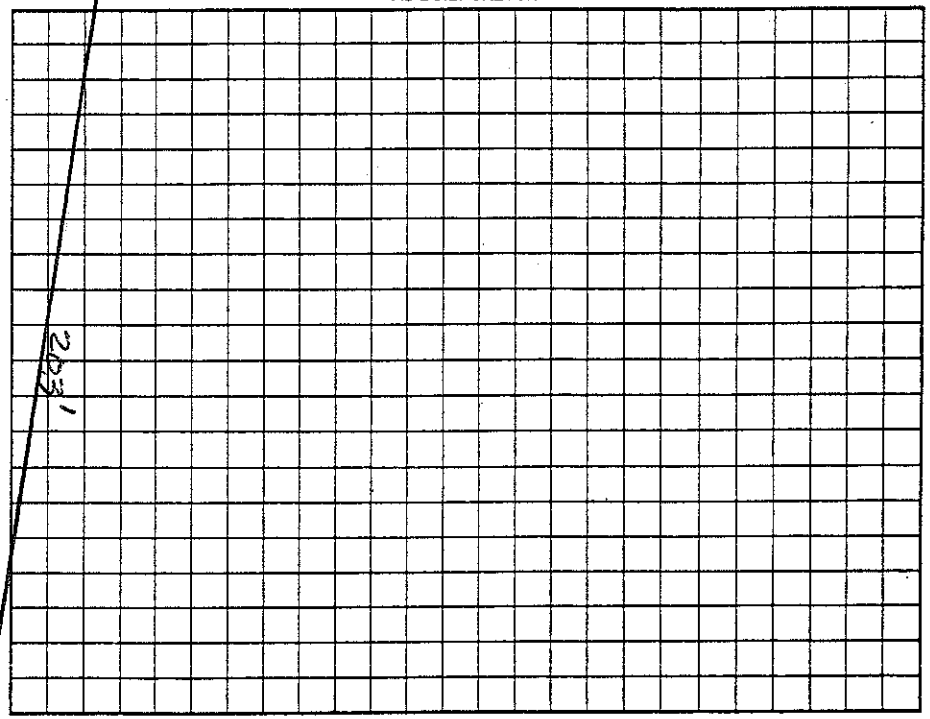
Comments:/Conditions:

Comments:/Conditions:

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: [signature] date 6/2/06 Installed by: K & M Grading

Improvement Permit by: Judy McLaille date 5-30-06 Operation Permit by: [signature] date 2-7-07

Authorization to Construct by: Judy McLaille date 5-30-06 Existing System Inspection by: ____ date ____

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