This permit void permit dated 11-21-96

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25480 82984 PIN# 4747 76 9898 DATE 6-28-99

OWNER OR CONTRACTOR Tim Dempsey PHONE: Business _____ Home 876-6127

ADDRESS PO Box 1801 Statesville

LOCATION 21 N TL Jennings Rd TR Blackwelder ~600 ft on (R)

SUBDIVISION Moores Estates BLOCK / SECTION _____ LOT 1 LOT AREA 1 Acres SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 8-16-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 480
No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Pump ~~Alarm~~ 25%
Maintenance Agreement Required: [ ] Yes [ ] No Reduction

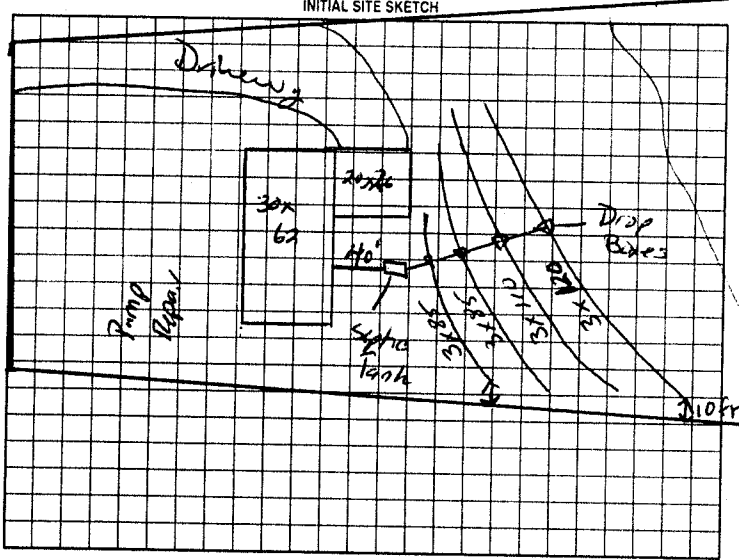
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: Install 4 lines on contour

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Kym Dempsey date _____ Installed by: David Yountz

Improvement Permit by: Mary Craft RS date 6-28-99 Operation Permit by: L. C. Moore date 10-27-99

Authorization to Construct by: Mary Craft RS date 6-28-99 Existing System Inspection by: _____ date _____

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