K. Madison 12 Noon

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090652 PIN# 4749 58 4855 DATE 7-20-2000

OWNER OR CONTRACTOR A-1 MOBILE HOMES PHONE: Business 873-1014 Home

ADDRESS 590 MOCKSVILLE HWY, STATESVILLE, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP RD, TR KADER RD, TL CON-LEE LOT NEAR END

SUBDIVISION CON-LEE BLOCK / SECTION LOT 22 LOT AREA 0.46 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 5-1-2000

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

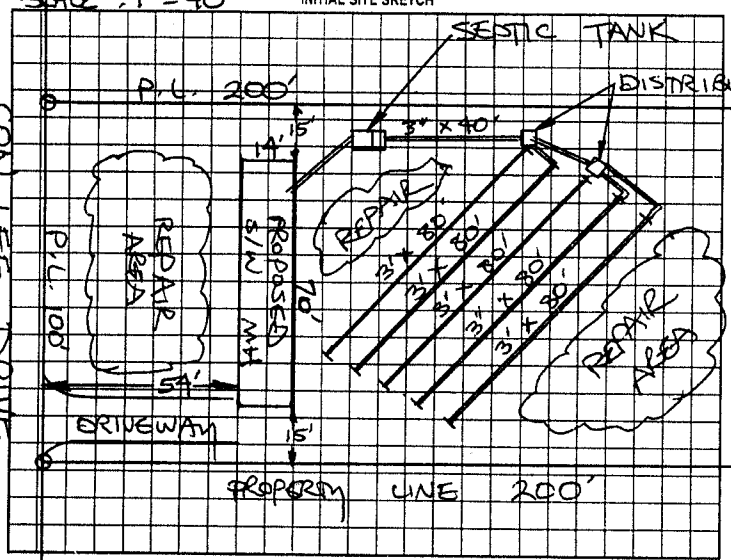
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments./Conditions: Label Filter Used

SCALE : 1" = 40' INITIAL SITE SKETCH



AS BUILT SKETCH

System Installed As Designed

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: Layne Templeton date 7-20-2000 Installed by: K. Madison

Improvement Permit by: STEVE HEDRICK date 7-20-2000 Operation Permit by: Joe Potter date July 27, 2000

Authorization to Construct by: STEVE HEDRICK date 7-20-2000 Existing System Inspection by: date

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