PIN# 4752-85-4480 Mabel Conn Pd $50.00 2/11/03

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080198 PIN# 4770078177 / LUV Homes DATE 7-17-2002

OWNER OR CONTRACTOR Angela Kardos Hughes PHONE: Business 664-1502 Home 528-3417

ADDRESS P.O. Box 421 Mooresville NC

LOCATION Shinnville Rd - 2.2 miles past Shinn Store on Rt. (just past Shinnville Estates)

SUBDIVISION Crestview BLOCK / SECTION I LOT 10 LOT AREA .47Acre SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5-24-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Pump/Gravity Innovative

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

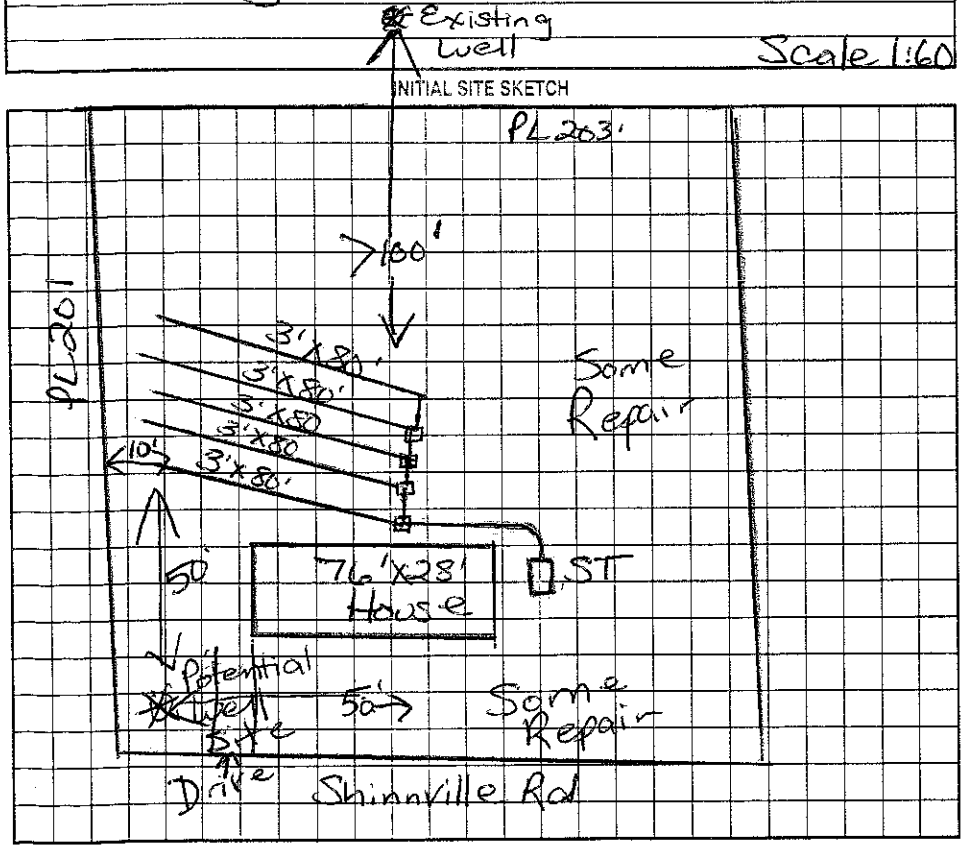
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Okay to use 4-100' lines instead

Comments/Conditions: Keep Septic System at least 10' From PL & Out of ROW Keep 100' From Existing Well (if being shared) otherwise 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Grey filter installed

Installed 4-100' Conventional lines

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: Agent date ____ Installed by: Andy Daniels RS

Improvement Permit by: Maria H. Dotson RS date 7/17/2002 Operation Permit by: Maria H. Dotson RS date 7-11-03

Authorization to Construct by: Maria H. Dotson RS date 7/17/2002 Existing System Inspection by: ____ date ____

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