IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 082695 PIN# ~~4761 65 1580~~ 4761-43-2153 DATE 4/18/02

OWNER OR CONTRACTOR Leader Homes PHONE: Business 662-8436 Home

ADDRESS Hwy 150 Mooresville, NC 28115

LOCATION 115-21 N TR Shinnville TL Brantley TL Wilkins Wy at end R side of culdesac

SUBDIVISION Deer Valley BLOCK / SECTION 2 LOT #18 LOT AREA .9 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11/17/01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100 Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth No

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Innovative - 25% Red.
Repair System Description: 16" PBPS
Maintenance Agreement Required: ☐ Yes ☒ No

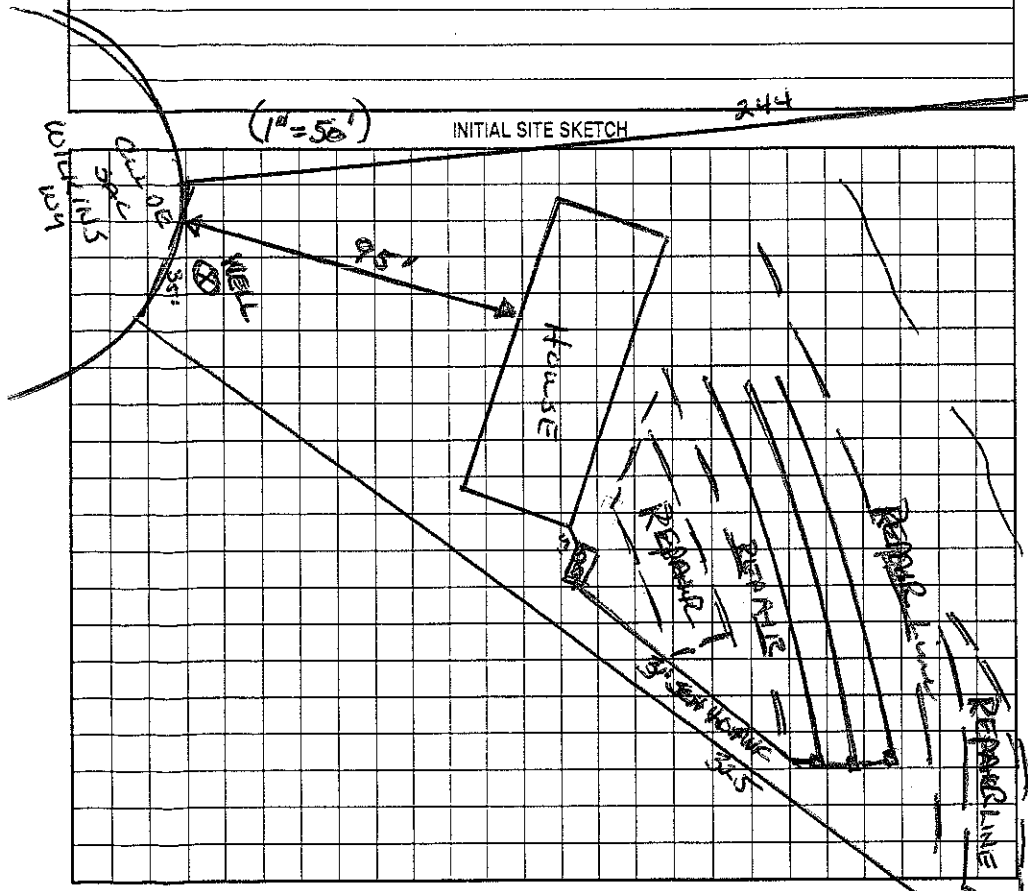
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

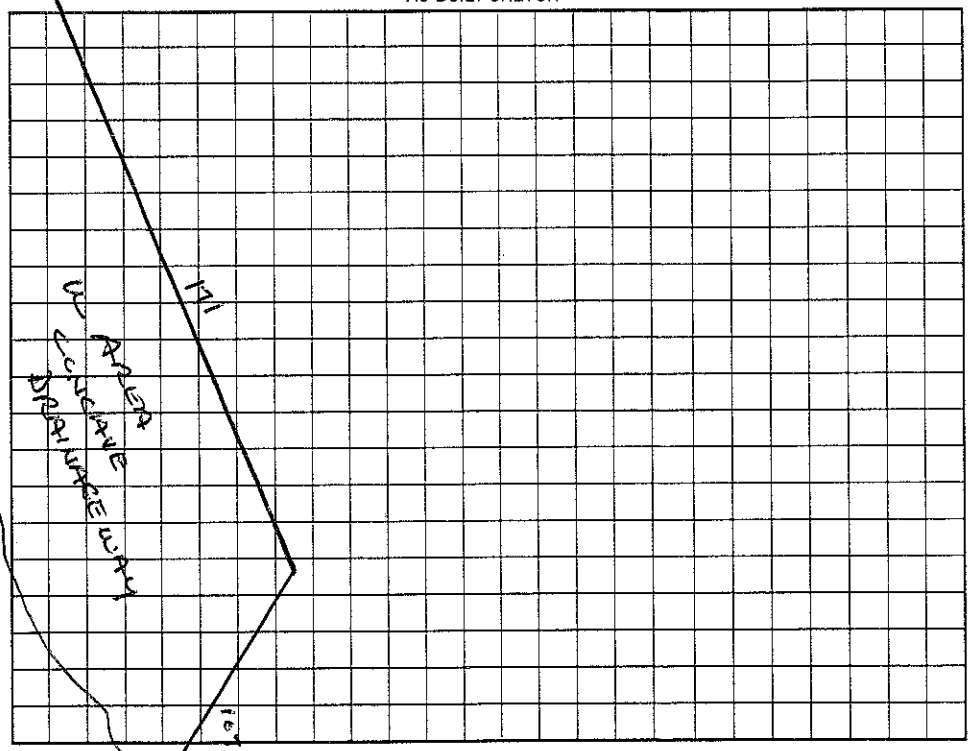
Comments:/Conditions:

Comments:/Conditions: Well not drilled at time of this inspection -

INITIAL SITE SKETCH (1" = 50')



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: Dennis Dallidet date 4-22 Installed by: A1 Backhoe

Improvement Permit by: DRH date 4/18/02 Operation Permit by: Wesley Sparks RS date 4/18/02

Authorization to Construct by: DRH date 4/18/02 Existing System Inspection by: ____ date ____

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