IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $125 MOORESVILLE 704-664-3681

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

PERMIT# 088753 PIN# 4762 62 4321 DATE 6/20/00

OWNER OR CONTRACTOR American Land Corp. PHONE: Business 878-9595 Home

ADDRESS 1281 Donner Bypass Statesville, NC. 28677

LOCATION 115 S TL Ox Amity TL Bethesda Rd. TR Hickory Nut Rd. TR Breezy Way Lane, 2ND on (L) before creek

SUBDIVISION Laurel Brook BLOCK / SECTION LOT 27 LOT AREA ~2.26AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB Date 5/4/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300X
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" ~~Gravel Depth~~ SAND.

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Drawing - EZ FLOW ORCHPLEX
Repair System Description: 16" PPBS
Maintenance Agreement Required: ☐ Yes X No

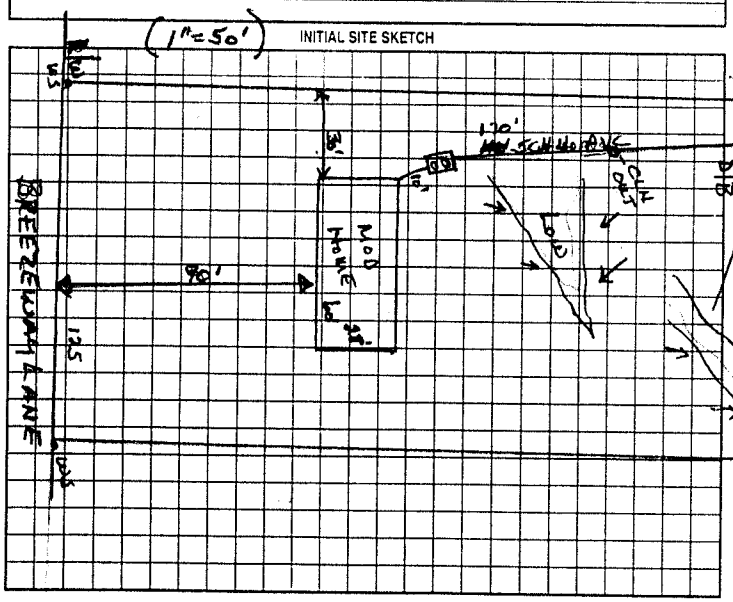
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

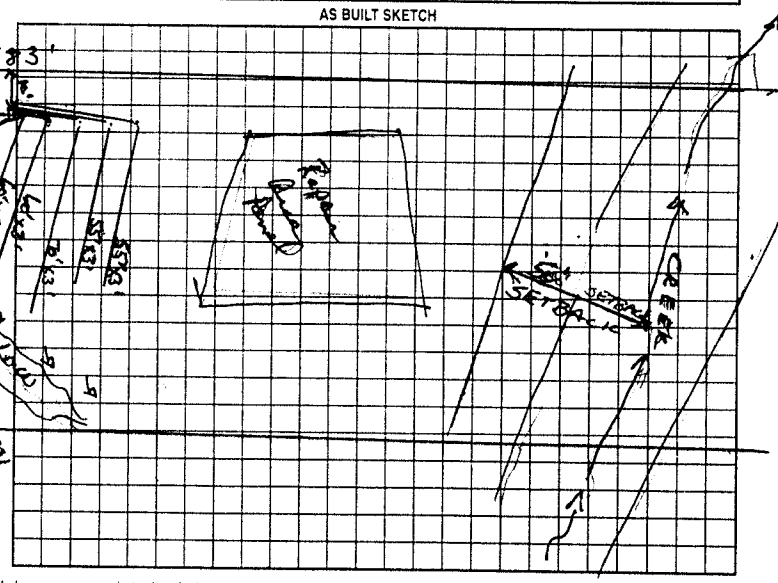
Comments/Conditions: X 25% Reduced figure - install what is stated on this permit

Comments/Conditions:

(1"=50') 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 6/23/00 Installed by: Lutherman

Improvement Permit by: Wesley Sparks RS. date 6/20/00 Operation Permit by: Wesley Sparks RS. date 6/29/00

Authorization to Construct by: Wesley Sparks RS. date 6/20/00 Existing System Inspection by: date

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