IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09394 PIN# 4765580950 DATE 2/01/01

OWNER OR CONTRACTOR Larry Lampart PHONE: Business — Home (704) 799-1639

ADDRESS 562 Normandy Rd Mooresville, NC 28117

LOCATION 64 W, (R) on Riverhill Rd, (L) Rivergreen, Lot 24

SUBDIVISION Rivergreen BLOCK / SECTION 1 LOT 24 LOT AREA .61 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 1797 Date 9-19-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity Conv.
Repair System Description: 50% Reduction, Gravity
Maintenance Agreement Required. ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

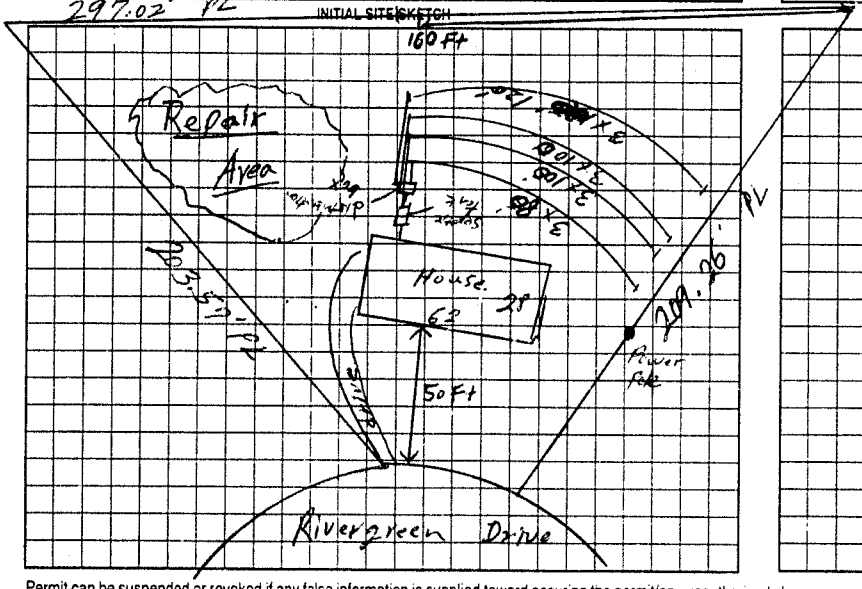
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual X Public ☐ Community

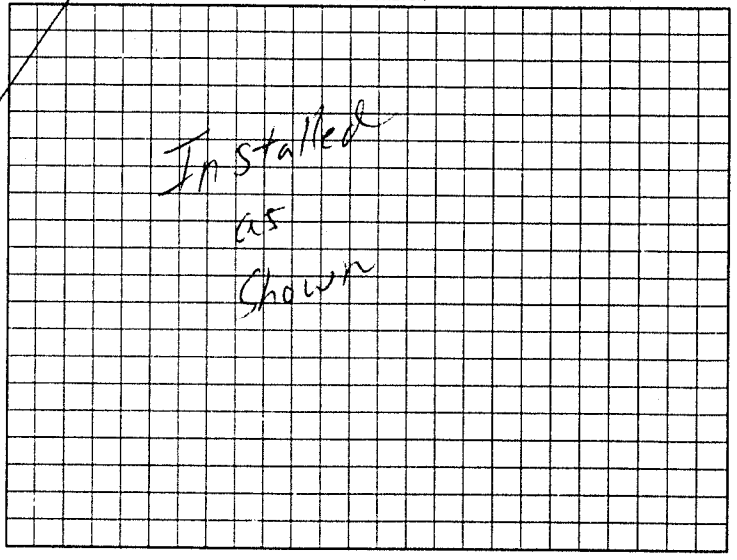
Comments/Conditions: ① Do not install w/in 10 Ft of property lines ② Keep 10 Ft from property lines ③ Install on contour ④ use distribution box

Comments/Conditions: Tuff-Tite Filter Installed
Septic Tank marker Installed

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: Renee M. Foley date 2-2-01 Installed by: Craig Thompson

Improvement Permit by: William Johnson RSI date 2/01/01 Operation Permit by: William C. Johnson date 2/5/01

Authorization to Construct by: William Johnson RSI date 2/01/01 Existing System Inspection by: ____ date ____

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