IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137282 PIN# 4774251250 DATE 12-27-07

OWNER OR APPLICANT Family Land Inv, LLC PHONE: Business 704-872-0295 Home 704-873-3380

ADDRESS 2014 Mocksville Hwy Cleveland NC 27013

LOCATION 64 E (TR) New Salem Lot on Right

SUBDIVISION New Salem Est BLOCK / SECTION 1 LOT 7 LOT AREA .637 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 11-10-07

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1920 Linear Feet 320'

No Lines 8 @ 40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 50% Reduction Gravity

Repair System Description: 50% reduc. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons ______ No. Employees ______

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

Install on contour

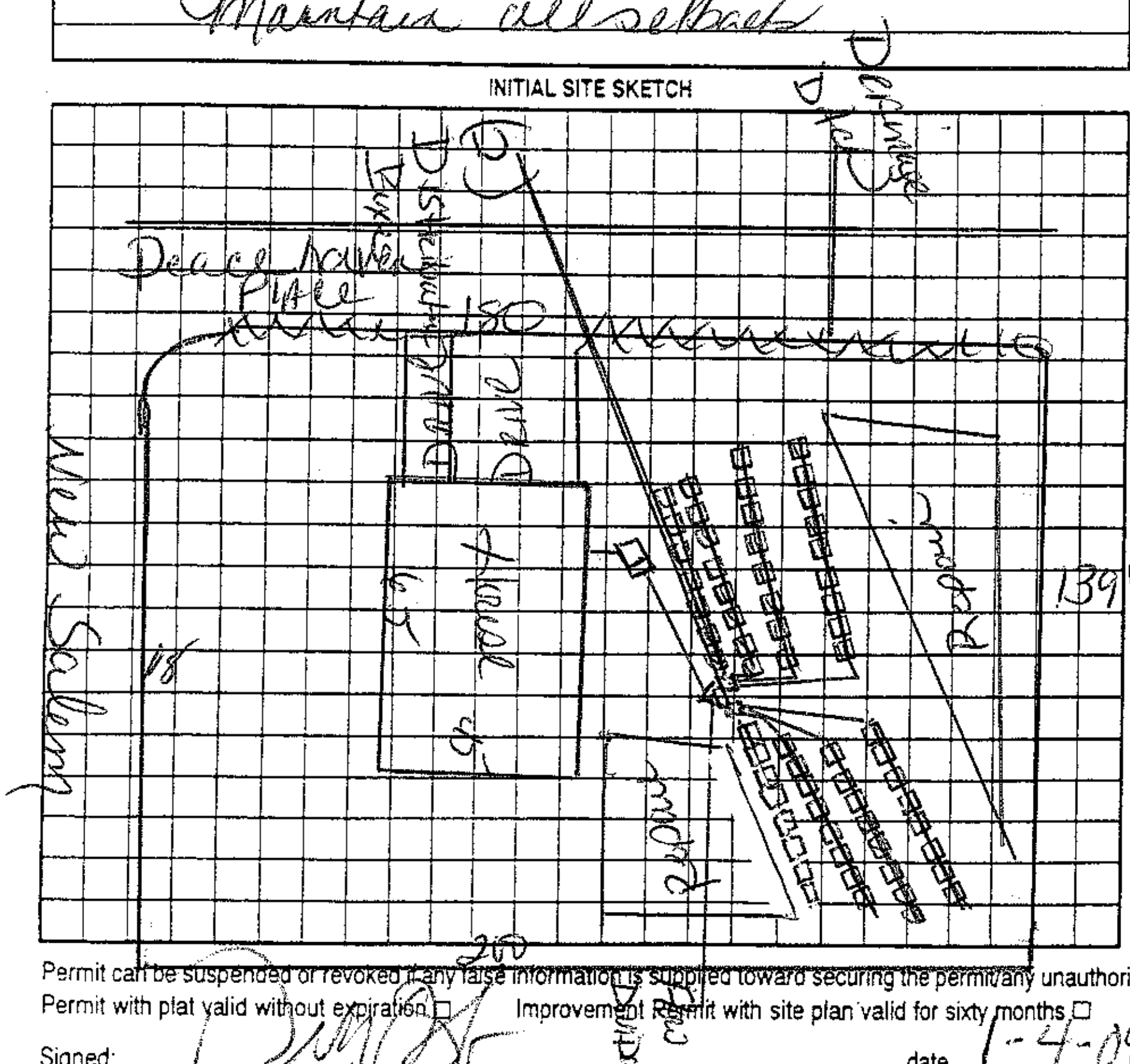
Maintain all setbacks

Comments:/Conditions:

Stone Manu...

Orange Baker ...

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 1-4-08

Improvement Permit by: Kerry Cook date 12-27-07

Authorization to Construct by: Kerry Cook date 12-27-07

Installed by: Welborne Grading

Operation Permit by: Kerry Cook date 1-22-08

Existing System Inspection by: ______ date ______

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