IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 37900 PIN# 4777896344 462 DATE 9/27/06

OWNER OR APPLICANT Gerald Taylor PHONE: Business 704 876 2808 Home 704 873 1137

ADDRESS 117 Heaven Bound Lane

LOCATION Old Mocksville Rd, right White Oaks Branch, left Deerchase, left Heaven Bound, property on left

SUBDIVISION Deerpark BLOCK / SECTION ____ LOT 41 LOT AREA 1 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-23-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

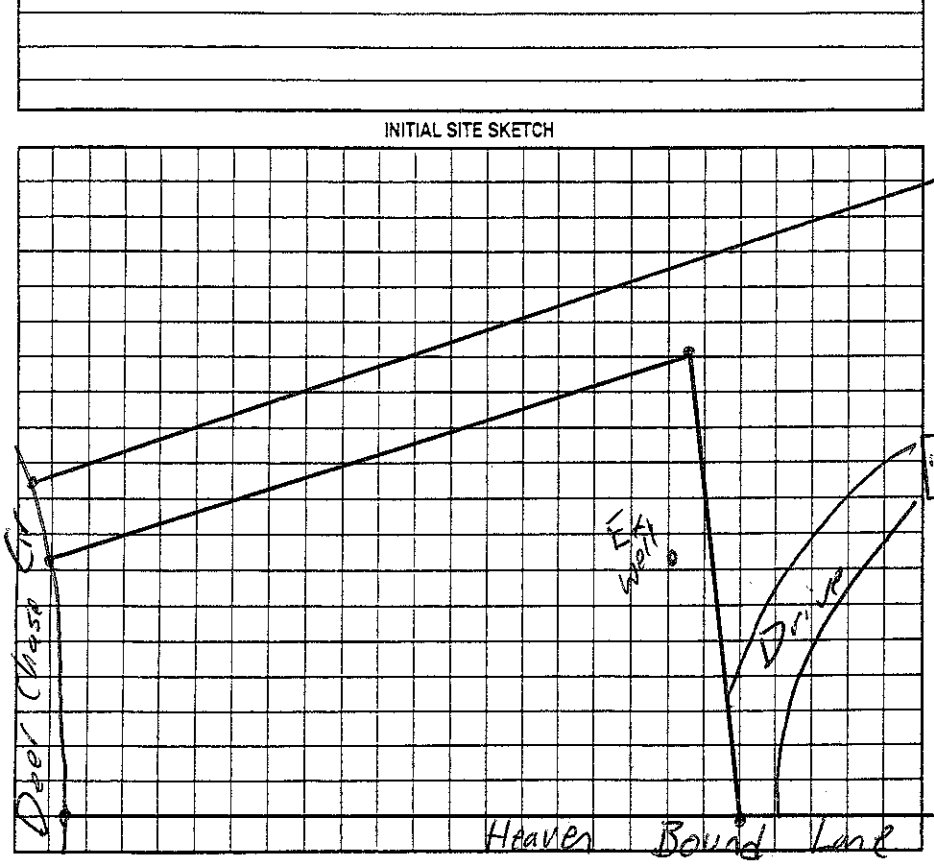
Water Supply: ☒ Individual ☐ Public ☐ Community

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

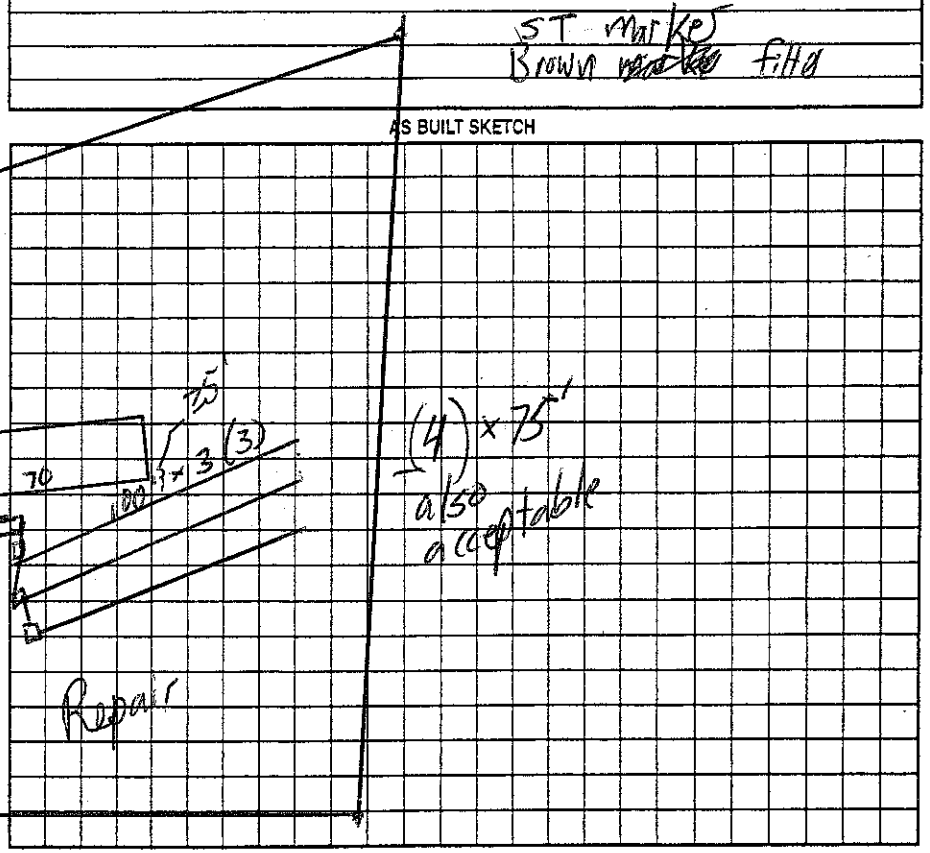
Comments:/Conditions:

Comments:/Conditions:
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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: Gerald Taylor date ____

Improvement Permit by: [signature] date 9-29-06

Authorization to Construct by: [signature] date 9-29-06

Installed by: [signature] date ____

Operation Permit by: [signature] date 10/04/06

Existing System Inspection by: ____ date ____

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