IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83535 PIN# 4786 221849 DATE 9/22/00

OWNER OR CONTRACTOR Arnold Mitchell PHONE: Business _____ Home (336) 372-5561

ADDRESS 2956 Hwy 18S Sparta NC 28675

LOCATION Hwy 64E, 150 yards past Water tower on Lt.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.25AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 12-8-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Grav. Conv.
Repair System Description: Pump Conv.
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

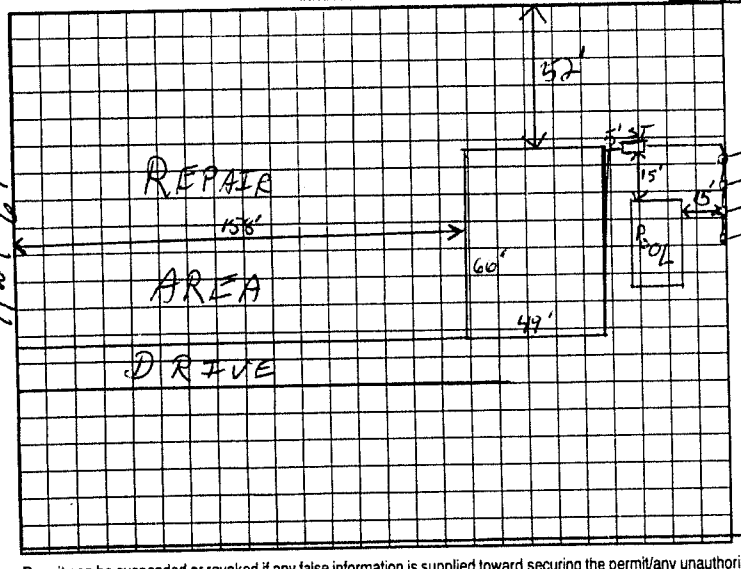
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

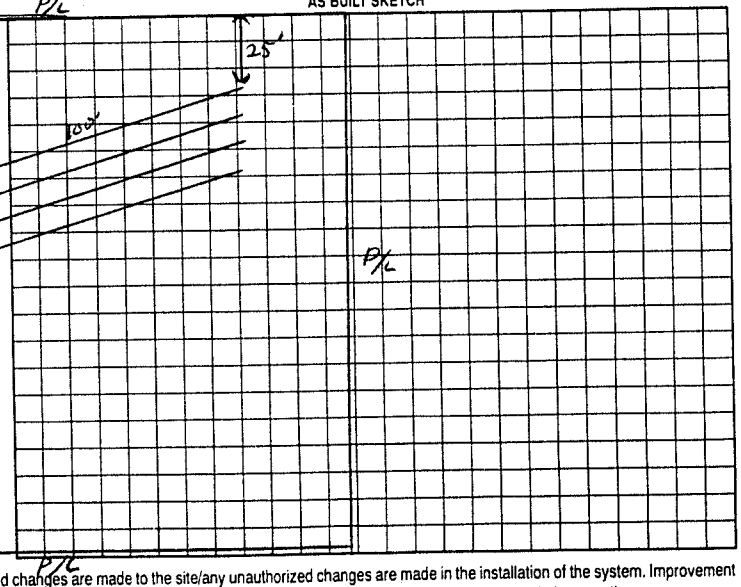
Comments/Conditions: Keep all parts of septic system 15' away from pool

Comments/Conditions: SYSTEM INSTALLED WITH POLYLOK FILTER & RISER EXPOSED, SYSTEM INSTALLED AS SHOWN

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: Linda Campbell date 9/25/00 Installed by: DILLARD BACKHOE

Improvement Permit by: [signature] RSI date 9/22/00 Operation Permit by: [signature] RSI date 5-25-01

Authorization to Construct by: [signature] RSI date 9/22/00 Existing System Inspection by: _____ date _____

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