IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

(C1)

PERMIT# 105866 PIN# 4789-02-5446 DATE 4-30-02

OWNER OR CONTRACTOR RPS PROPERTIES, INC PHONE: Business Home 336-751-0429

ADDRESS P.O. BOX 338, MOCKSVILLE, NC 27028

LOCATION US 21 N, TR MT. BETHEL RD, TL RIMROCK RD, TL HARD LUCK HILL LANE, 1ST ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 9.25 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.35 GPD/FT

Septic Tank: EXISTING Gallons: STB Date
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 345 Linear Feet 115
No Lines ONE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY/PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

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

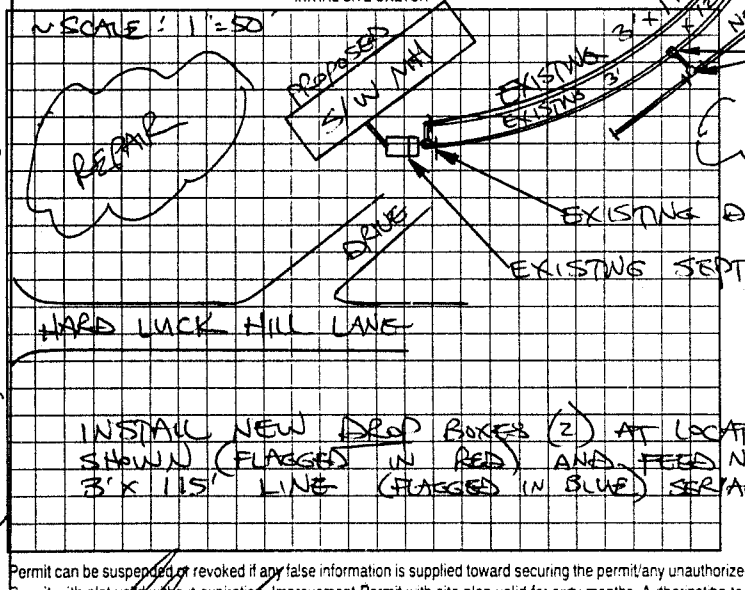
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

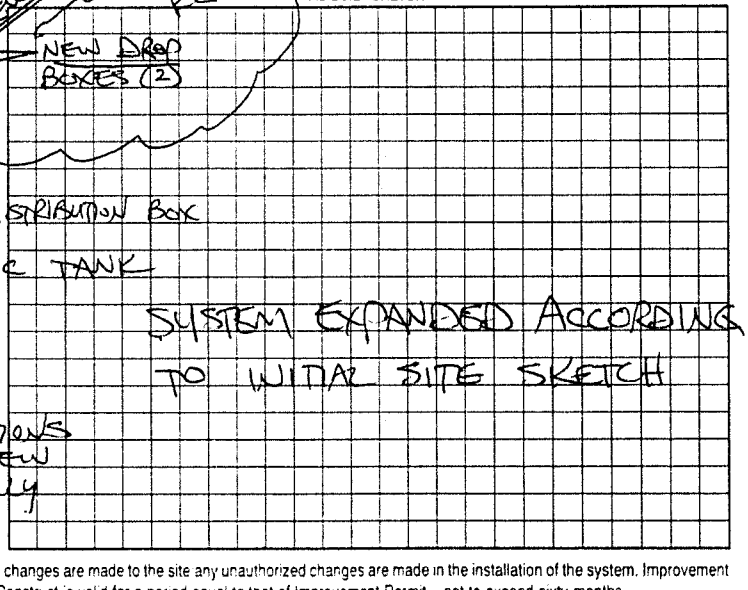
Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



INSTALL NEW DROP BOXES (2) AT LOCATIONS SHOWN (FLAGGED IN RED) AND FEED NEW 3"x 115' LINE (FLAGGED IN BLUE) SERIALLY

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: date 4/30/02 Installed by: DONALD LAKEY

Improvement Permit by: STEVE HEDRICK date 4-30-02 Operation Permit by STEVE HEDRICK date 5-24-02

Authorization to Construct by: STEVE HEDRICK date 4-30-02 Existing System Inspection by: date

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