1-AO

(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139523 PIN# 4853461625 4965 704-450-1161 DATE 1-10-07

OWNER OR APPLICANT ~~America's Home Place Inc~~ Carolyn Horne PHONE: Business ~~704~~ ~~[illegible]~~ Home ~~[illegible]~~

ADDRESS ~~Union Grove Rd~~ 634 River Hwy, Mooresville 28117

LOCATION I-77N, (L) on NC901, (R) on Union Grove Rd, Lots 1+2 on (R), across from Maria Dr

SUBDIVISION Sales Mine BLOCK / SECTION ____ LOT 1+2 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 12-4-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Max!! Gravel Depth n/a

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

System Description: 25% Reduction Gravity

Repair System Description: 50% Reduction LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 1

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

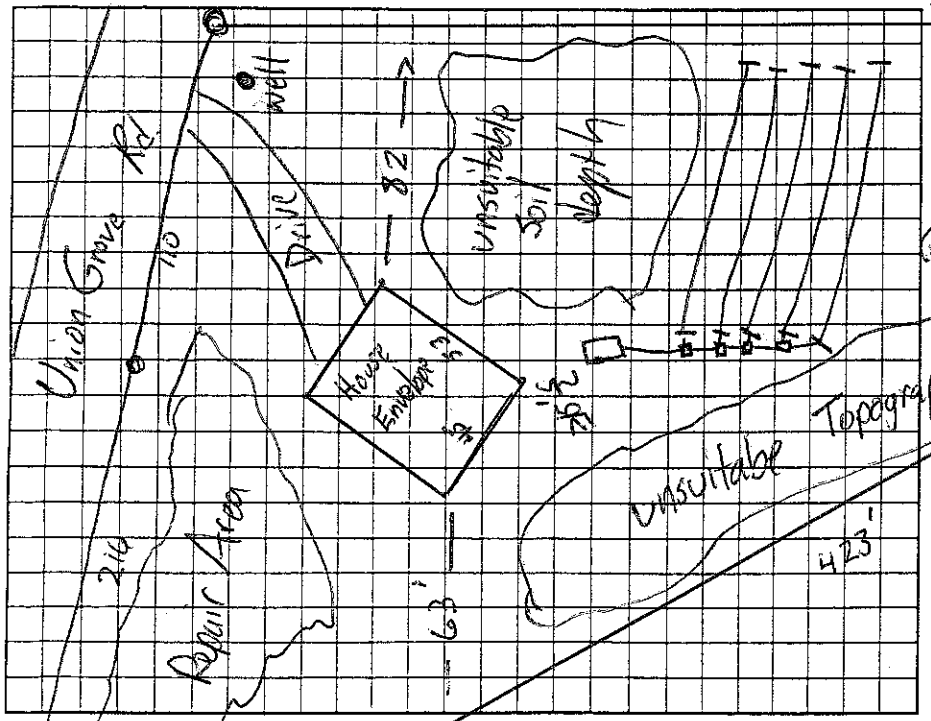
Comments:/Conditions:

24" maximum trench depth

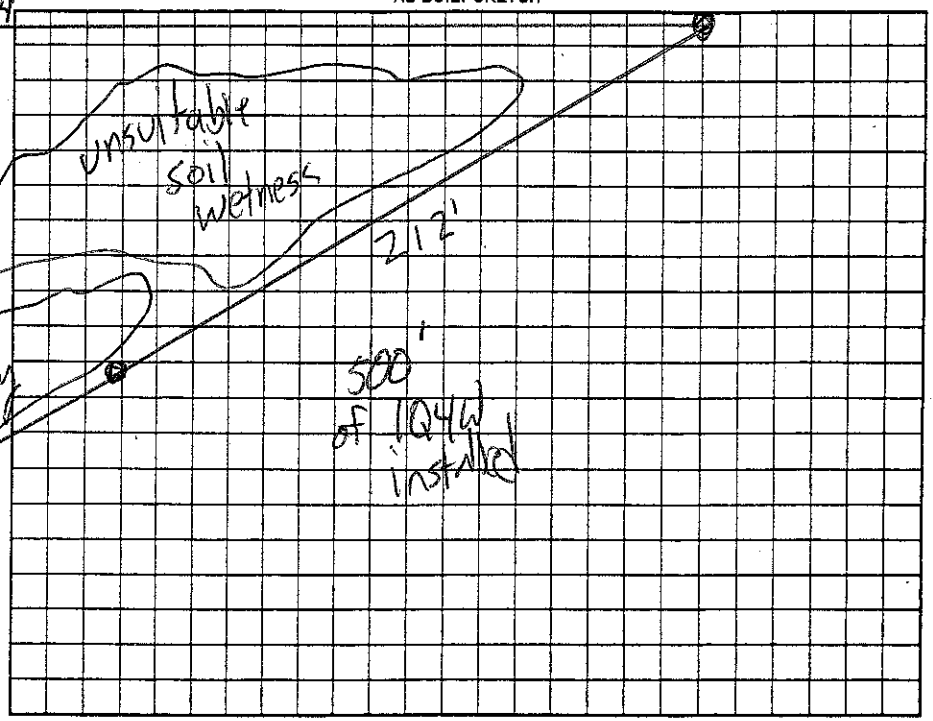
Comments:/Conditions:

Red Filter

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: Carolyn M Horne date 3-7-07 Installed by: Aboo Grading

Improvement Permit by: ____ date 1-10-07 Operation Permit by: ____ date 5-2-07

Authorization to Construct by: ____ date 1-10-07 Existing System Inspection by: ____ date ____

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