IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93561 PIN# 4860 64 2762 DATE 1/2/01

OWNER OR CONTRACTOR Home Max PHONE: Business (336) 751-7340 Home

ADDRESS 153 Blaise Ch Rd Mocksville NC 27028

LOCATION 21N, L Tabor, R Ashford on Corner

SUBDIVISION Holly Ridge BLOCK / SECTION LOT 34 LOT AREA 1.16 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 156 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 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I II III IV V VI

System Description: Gravity Conventional

Repair System Description: Some

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

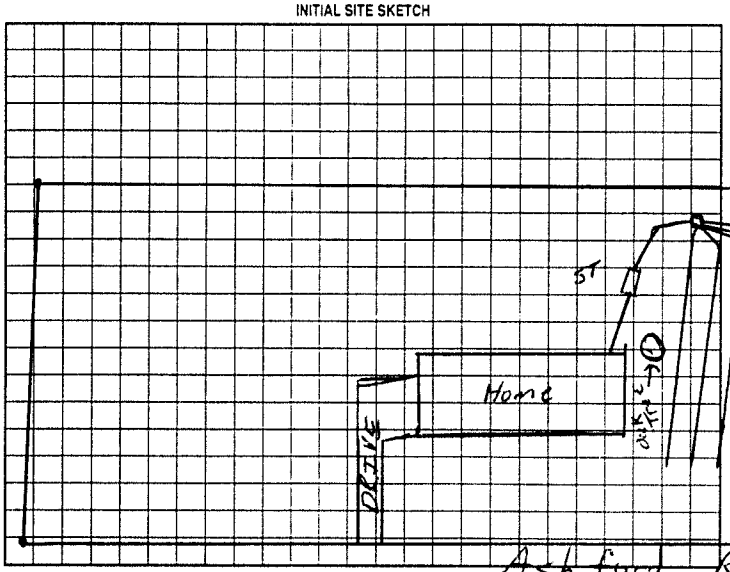
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

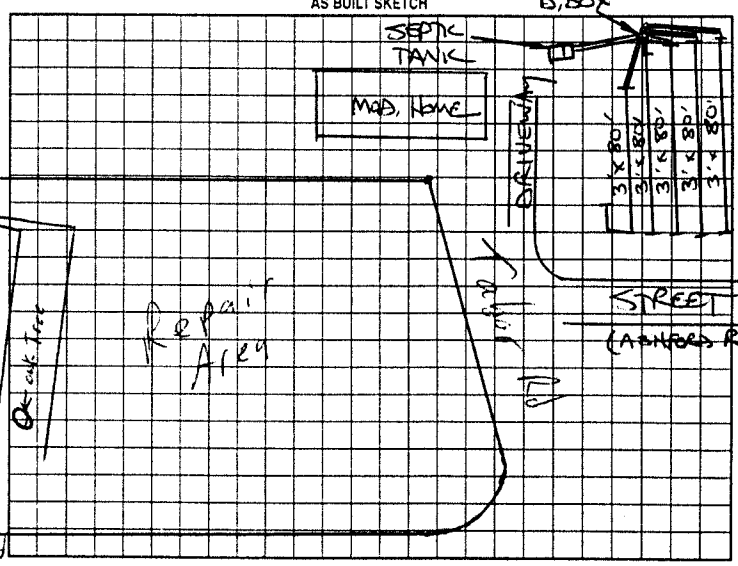
Comments/Conditions:

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER SYSTEM ALTERED AS SHOWN W/O PRIOR HEALTH DEPT. APPROVAL

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 16 Feb 01 Installed by: BRIAN McDANIEL

Improvement Permit by: [signature] RSI date 1/2/01 Operation Permit by: STEVE HEDRICK date 3-19-01

Authorization to Construct by: [signature] RSI date 1/2/01 Existing System Inspection by: date

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