New # Assigned 2/5/14 [illegible] 4/10/97

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~13793~~ 201573 PIN# 3774771994

OWNER OR APPLICANT Gary Dings DATE 21 September 06

ADDRESS 135 Greenfield Ln Mooresville, N.C. PHONE: Business 704-655-5074 Home 704-663-3479

LOCATION 359 Stewart Rock Rd. / Sharon School Rd. 72 Stewart Rock Rd. on Left past Fullbright.

SUBDIVISION Riverwalk BLOCK / SECTION 9 LOT 12 LOT AREA 5 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.39 gpd/ft²

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conventional

Repair System Description: Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 4 No. Employees ____

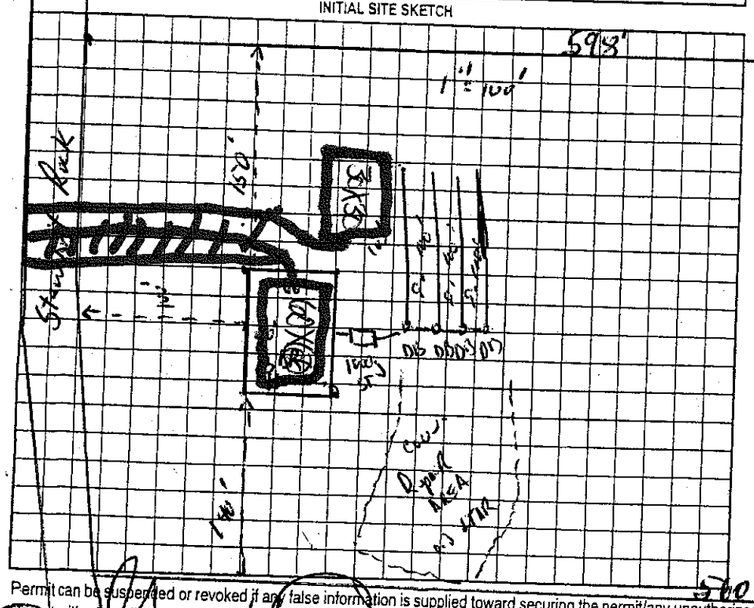
Water Supply: ☒ Individual ☐ Public ☐ Community

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

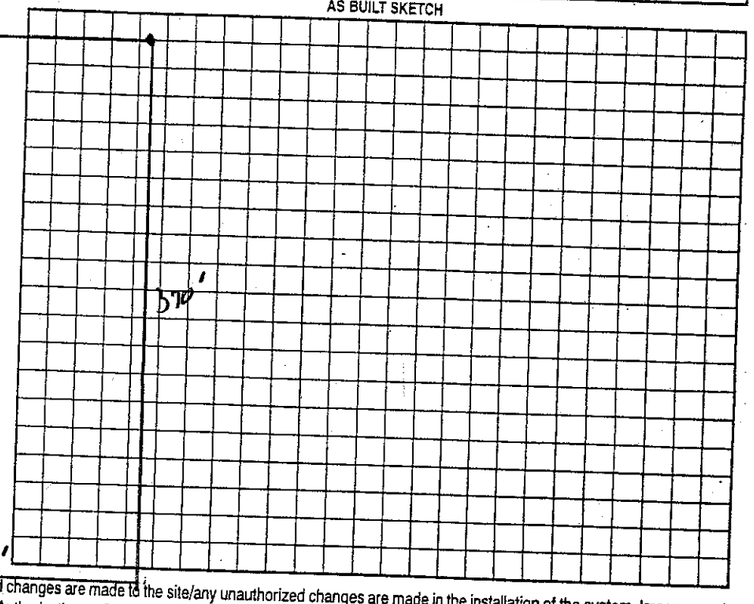
Comments:/Conditions: * Follow Contour * NO Basement plumbing

Comments:/Conditions:

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

☐ Permit with plat valid without expiration ☒ Improvement Permit with site plan valid for sixty months

Issued ____ date 10/6/06 Installed by: ____

Improvement Permit by: ____ R.S. date 22 Sept 06 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: ____ date ____

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