IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131359 PIN# 3793-97-6255 DATE 10-10-05

OWNER OR CONTRACTOR MIKE TATE PHONE: Business 704 799 3830 Home 704 799 3830

ADDRESS 189 Yacht Rd Mooresville, NC 28117

LOCATION I-40W to Old Mountain Rd - Turn Left - then turn Right on Beulah - right on Stewart Acres - 4th lot on left

SUBDIVISION Stewart Acres BLOCK / SECTION 1 LOT 22 LOT AREA 1.065 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 7-14-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 3 Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV, V, VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

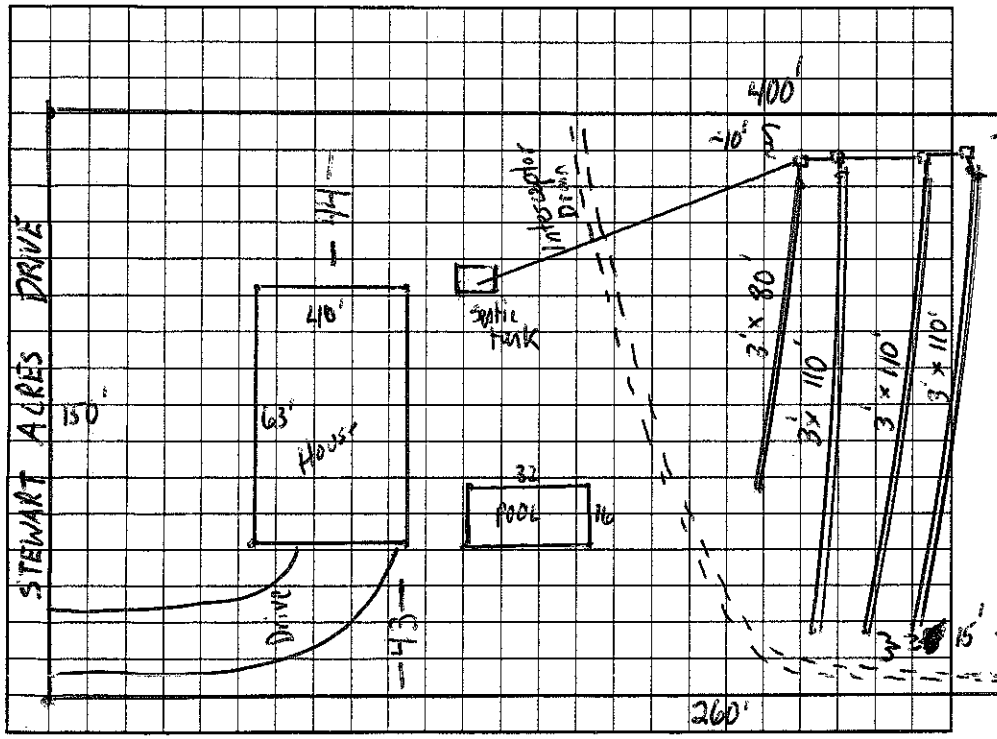
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

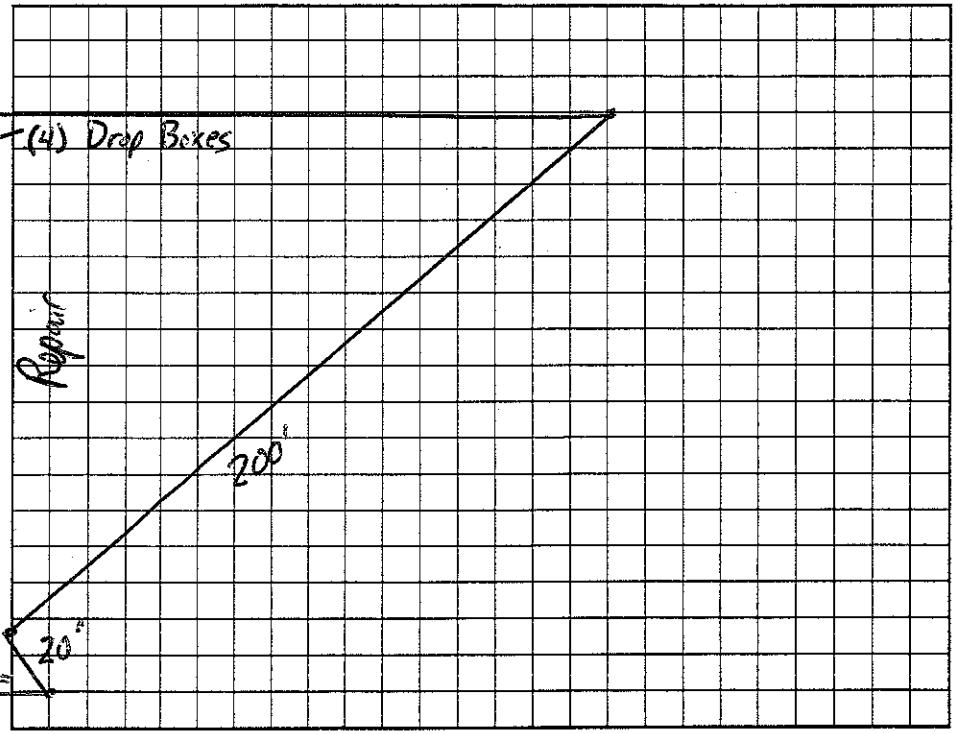
Comments:/Conditions: Install Interceptor Drain around new system ad 42" deep. (see diagram)

Comments:/Conditions: Brown Filter ST marker no risers

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: James Stevenson Mike Tate date 10-12-05 Installed by: K & M Grading

Improvement Permit by: James Stevenson date 10-12-05 Operation Permit by: James Stevenson date 9-8-06

Authorization to Construct by: James Stevenson date 10-12-05 Existing System Inspection by: ____ date ____

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