IREDELL COUNTY HEALTH DEPARTMENT

LLE 704-878-5305 50.00 Basic MOORESVILLE 704-664-5281

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

PERMIT# 123340 PIN# 4614-85-9660 DATE 3/23/05

OWNER OR CONTRACTOR Richard Essick PHONE: Business 704-224-7424 Home 770-660-5572

ADDRESS 158 Lucent Ln Mooresville NC 28117

LOCATION BSR IR Tuskarora, TR Lucent on Rt #158

SUBDIVISION CL+T BLOCK / SECTION 6 LOT 257 LOT AREA 0.72Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 11/20/06

Pump Tank: 1000 Gallons; PT 302 Date 2/10/06

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 —

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

System Description: PM 25% Reduction

Repair System Description: Limited - 1945c

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other Garage

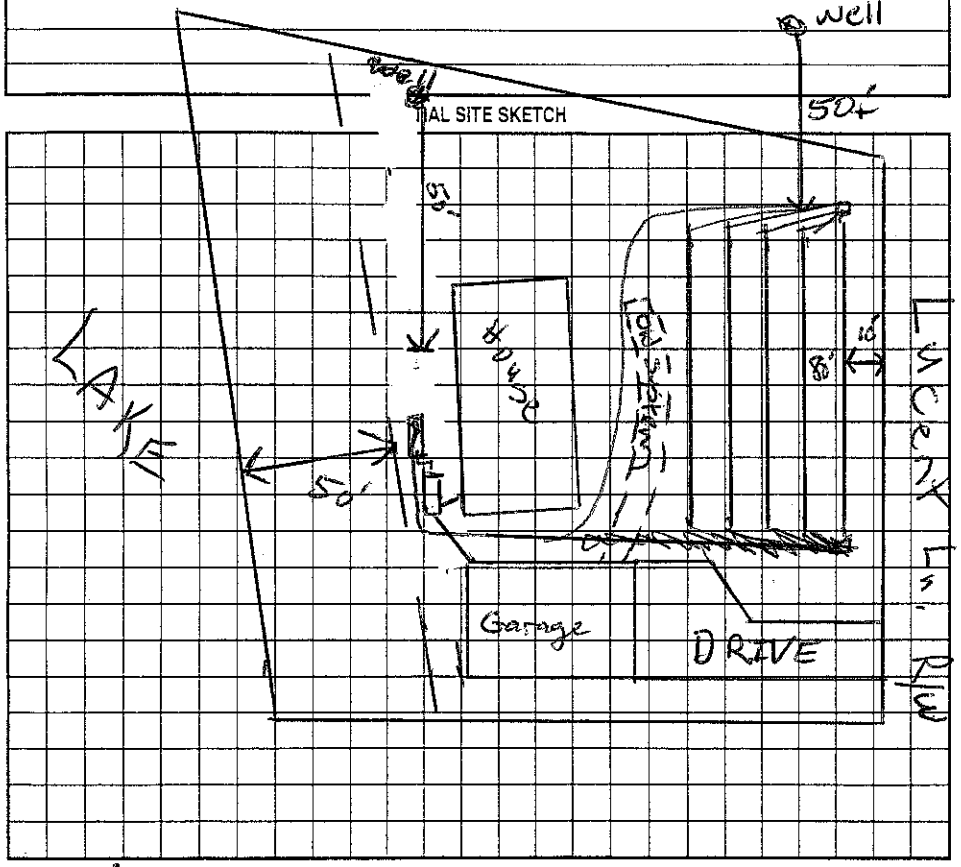
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Existing

Comments:/Conditions:

Comments:/Conditions: Existing House 3 bdrm - Garage possible Bdrm

AL SITE SKETCH



AS BUILT SKETCH

Infiltrator Quick 4 Installed

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 4-7-05 Installed by: Rowan Septic

Improvement Permit by: _____ RS date 3/23/05 Operation Permit by: _____ RS date 5/9/06

Authorization to Construct by: _____ RS date 3/23/05 Existing System Inspection by: _____ date _____

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