IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134915 PIN# 4625 08 7380 DATE 4/5/06

OWNER OR APPLICANT RON + LEE SMITH PHONE: Business 704-662 6414 Home

ADDRESS 128 EAST LN MOORESVILLE, NC. 28117

LOCATION 177 OLD ARBORWAY DR., 1100 TR CHUCKWOOD TL BARBER LOOP TL OLD ARBORWAY L FORK, LAST ON L

SUBDIVISION CL+T BLOCK / SECTION 7 LOT 134 LOT AREA .733 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/25/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 520 Linear Feet 260
No Lines 6 Trench Width 2-3 Max Trench Bottom Depth 3'

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: GRAV – 16"PPBPS
Repair System Description: < 83 Recorded
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ?
☐ Business No. Employees ____
☐ Other ____

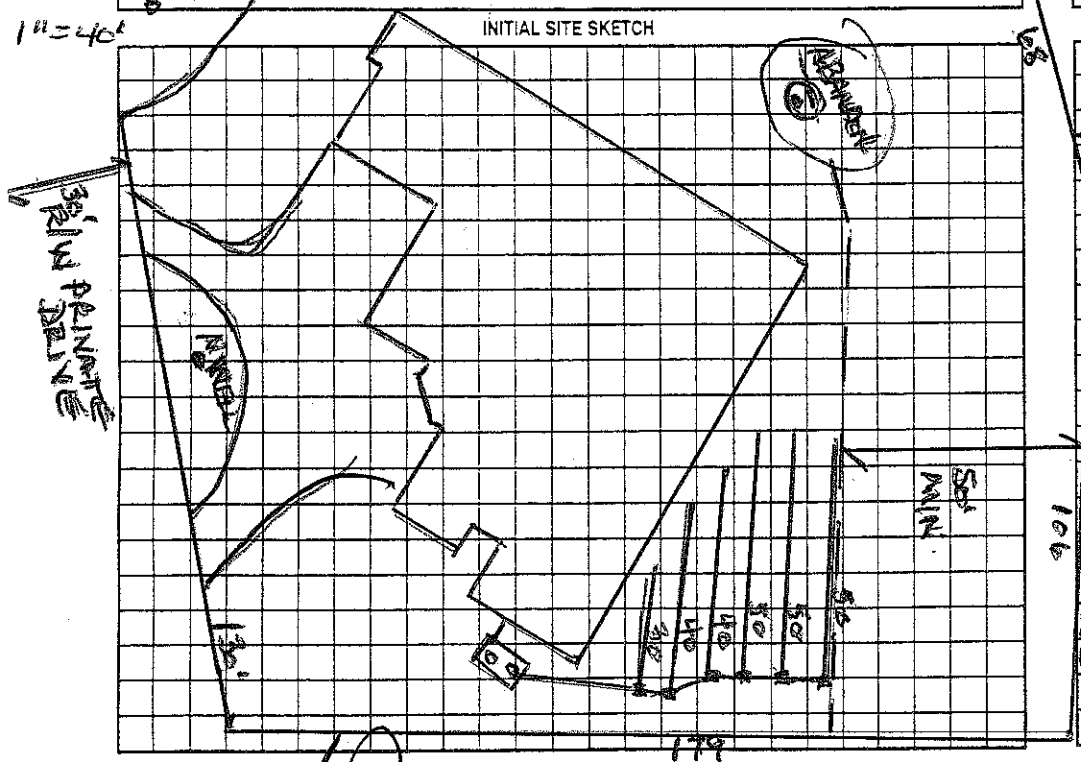
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NIR ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 152

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 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 4/14/06

Improvement Permit by: Wesley Sparks R.S. date 4/5/06

Authorization to Construct by: Wesley Sparks R.S. date 4/5/06

Installed by: Victory Construction

Operation Permit by: Wesley Sparks R.S. date 12/6/06

Existing System Inspection by: ____ date ____

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