IREDELL COUNTY HEALTH DEPARTMENT

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

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

150.00 + aD

PERMIT# 131623 PIN# 4627674801 DATE 10-21-05

OWNER OR APPLICANT Todda Kelly Diffrich PHONE: Business (704) 528-2486 Home (704) 517-2811

ADDRESS 116 Creeky Hollow Dr. Mooresville, NC

LOCATION Hwy 150 W to Paradise Peninsula go to end to Cul-de-sac on left

SUBDIVISION CL&T BLOCK / SECTION ____ LOT 92 LOT AREA .701 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: ST3 ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400' Linear Feet 200'

No Lines 5 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity – Paved Block

Repair System Description: Pump-LP-Paved Blk

Maintenance Agreement Required: ☒ Yes ☒ No Not Initially

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

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

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

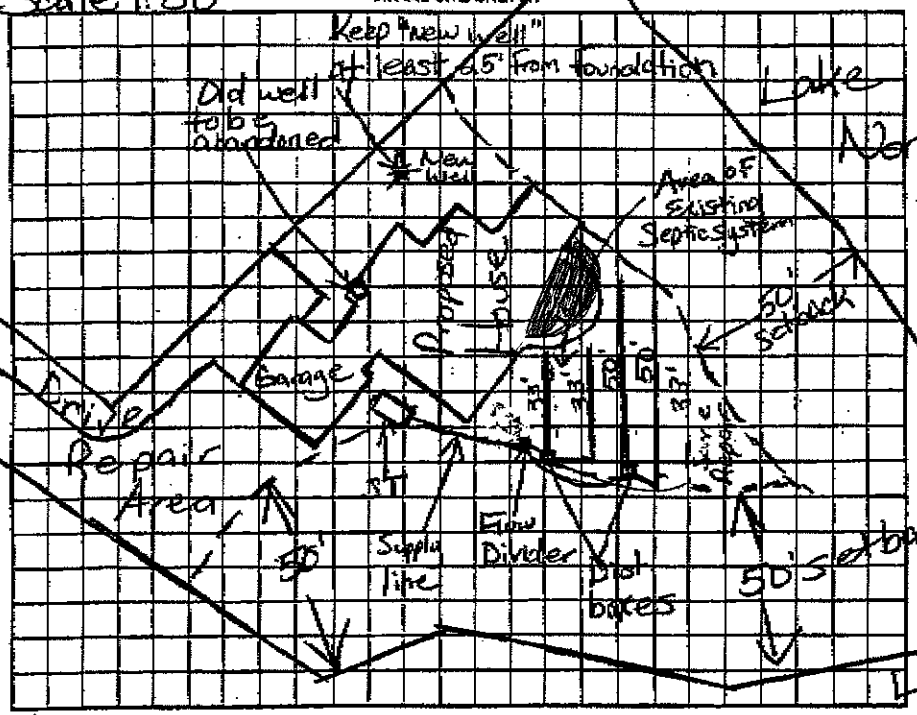
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ☒ Note: Very tight lot, must be careful of setbacks. ☒ Save room for future Pump tank.)

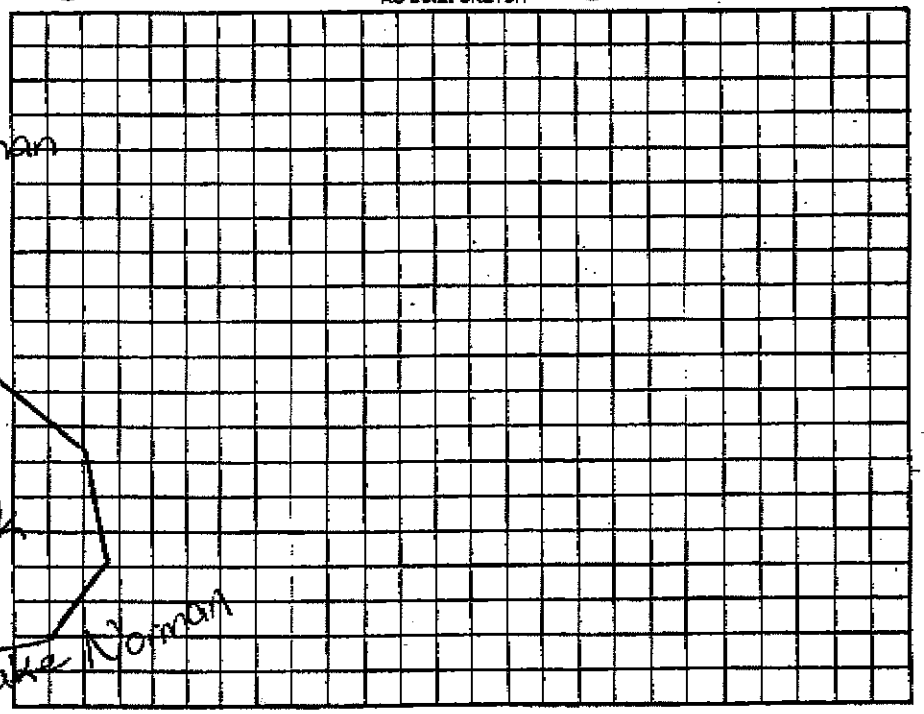
Comments/Conditions: ☒ Abandon "old well" prior to installation of Septic System. "Properly abandon" old ST & disconnect from Drainfield. Keep new Septic System out of old Septic System.

Scale 1:50

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: M. Todda Diffrich date 10/24/05 Installed by: ____

Improvement Permit by: Maria H. Dolan RS date 10/21/05 Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Dolan RS date 10/21/05 Existing System Inspection by: ____ date ____

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

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