IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4627 87 992 4627-68-7992 DATE 5/7/03

OWNER OR CONTRACTOR Craig Shore PHONE: Business _____ Home 704-663-1028

ADDRESS 109 Summersong Ln. Mooresville, NC 28117

LOCATION 150 W TL Paradise Peninsula Rd. TR Summersong Ln, to large white house

SUBDIVISION CLRT BLOCK / SECTION 10 LOT 1135 LOT AREA .7 Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: EXISTING Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 180

Nitrification Field: No Fields 1 Square Feet 380 Linear Feet ~~490~~

No Lines 3/2-65 1-60 Trench Width 2-3' Max Trench Bottom Depth 3' ~~Gravel Depth~~ SAND.

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

System Description: _____

Repair System Description: PreDosed - 16" PPBPS

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

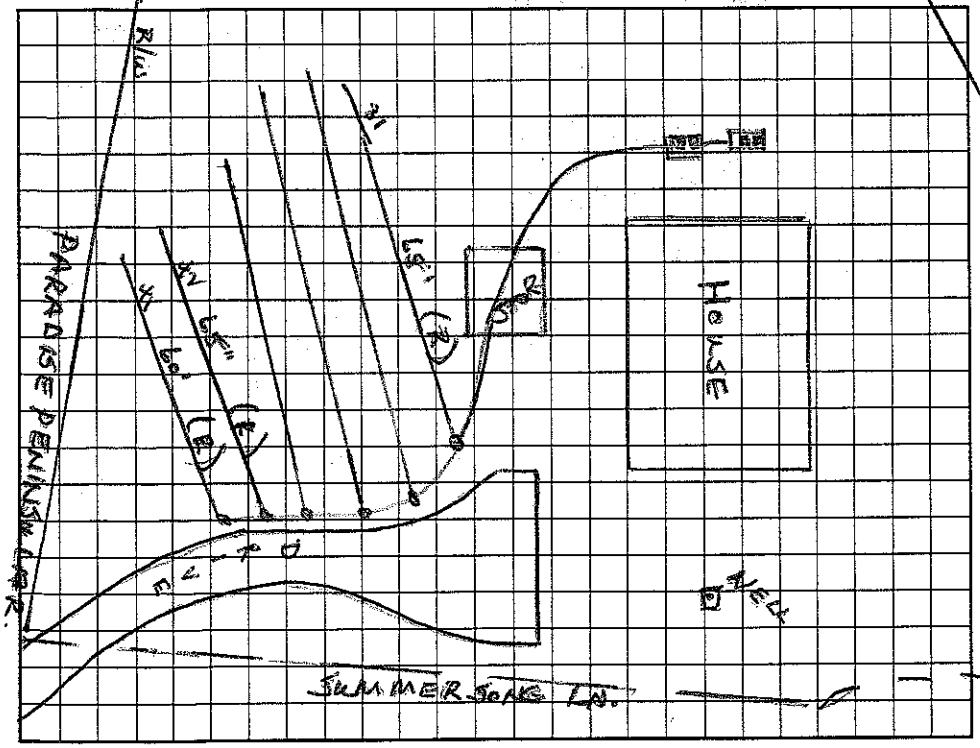
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 1 3/16" hole per panel block turned up - 3/16" drainhole in every 3rd panel block - all valves to be fitted with protective boxes as well as risers Pump requires 55 GPM minimum - Old field valved off

Comments/Conditions:

until dry, then to be Tera lifted before coming back on line

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: * Dennis Dalkhe date _____

Improvement Permit by: Wesley Sparks RS. date 5/7/03

Authorization to Construct by: Wesley Sparks RS. date 5/7/03

Installed by: Art Barkhe

Operation Permit by: Wesley Sparks RS. date 7/22/03

Existing System Inspection by: _____ date _____

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