IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 126820 PIN# 4627 93 7479 DATE 3/12/05

OWNER OR CONTRACTOR Sarah H Rawls PHONE: Business Home 704-663-0410

ADDRESS 178 Bath Creek Dr. Mooresville

LOCATION 1100 TR Blume TL Beaten Path on (R) #332

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 101 LOT AREA ~.8AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Accepted 3

Septic Tank: EXISTING Gallons: STB 1017 Date 4/23/05
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. 270 Accepted
Nitrification Field: No Fields 1 Square Feet 800 Accepted Linear Feet 300
No Lines 3@90' Accepted Trench Width 3' Max Trench Bottom Depth 3'

X New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV - ~~250 LF 4 lines~~
Repair System Description: < 1983 Lot
Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms ~~3~~ 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

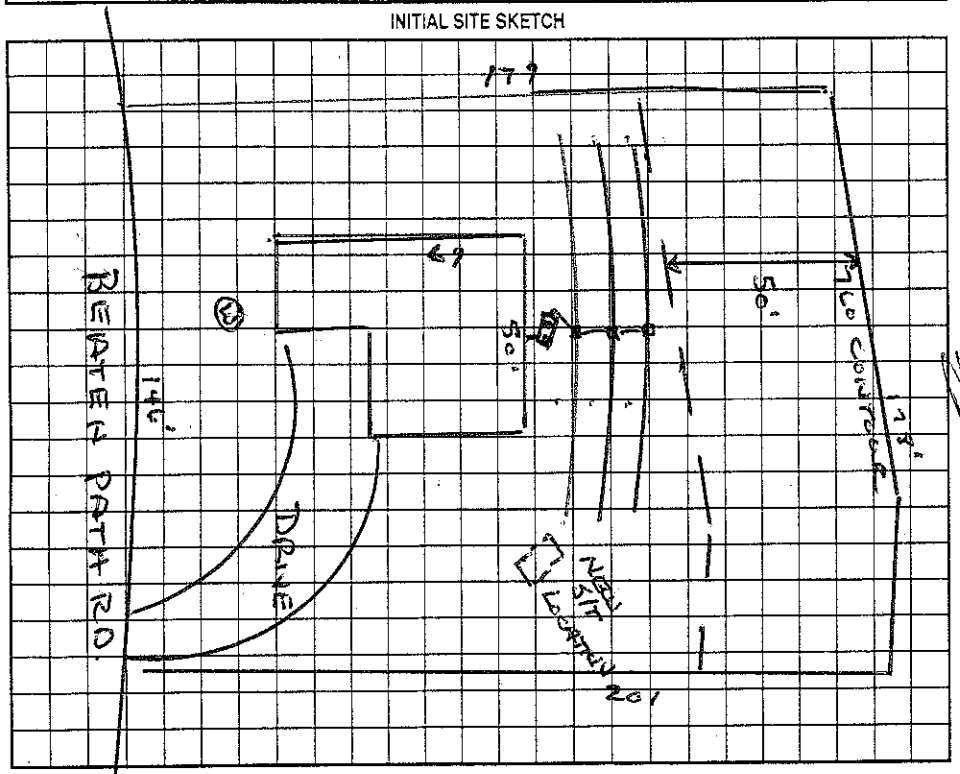
Gravel Depth NA ☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: If new S/T is needed, it shall be set in location shown as "NEW"

Comments:/Conditions: 16" PPBPS Accepted
4/1/05 Changes made to accomodate 4 BDRM.

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: X Sarah Rawls date 3/18/05

Improvement Permit by: Wesley Sparks R.S. date 3/12/05

Authorization to Construct by: Wesley Sparks R.S. date 3/12/05

Installed by: Craig Thompson

Operation Permit by: Wesley Sparks date 11/16/05

Existing System Inspection by: ____ date ____

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