IREDELL COUNTY HEALTH DEPARTMENT

STATESV -5305 525,00 Pg 19 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OP ATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 127250 PIN# 4627-94-2044 DATE 5/23/05

OWNER OR CONTRACTOR Jack Turner PHONE: Business Home

ADDRESS 374 Beaten Path Rd Mooresville NC 28117

LOCATION BSR, TR Blume, TL Beaten Path, on Rt # 347

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 96 LOT AREA 0.67 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 350 Date 11-30-05
Pump Tank: 1000 Gallons; PT 318 Date 4-26-05
Pump Make: MYERS Model 311-M Serial No.
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP Panel Block
Repair System Description: Limited .1945C
Maintenance Agreement Required: ☒ Yes ☐ No

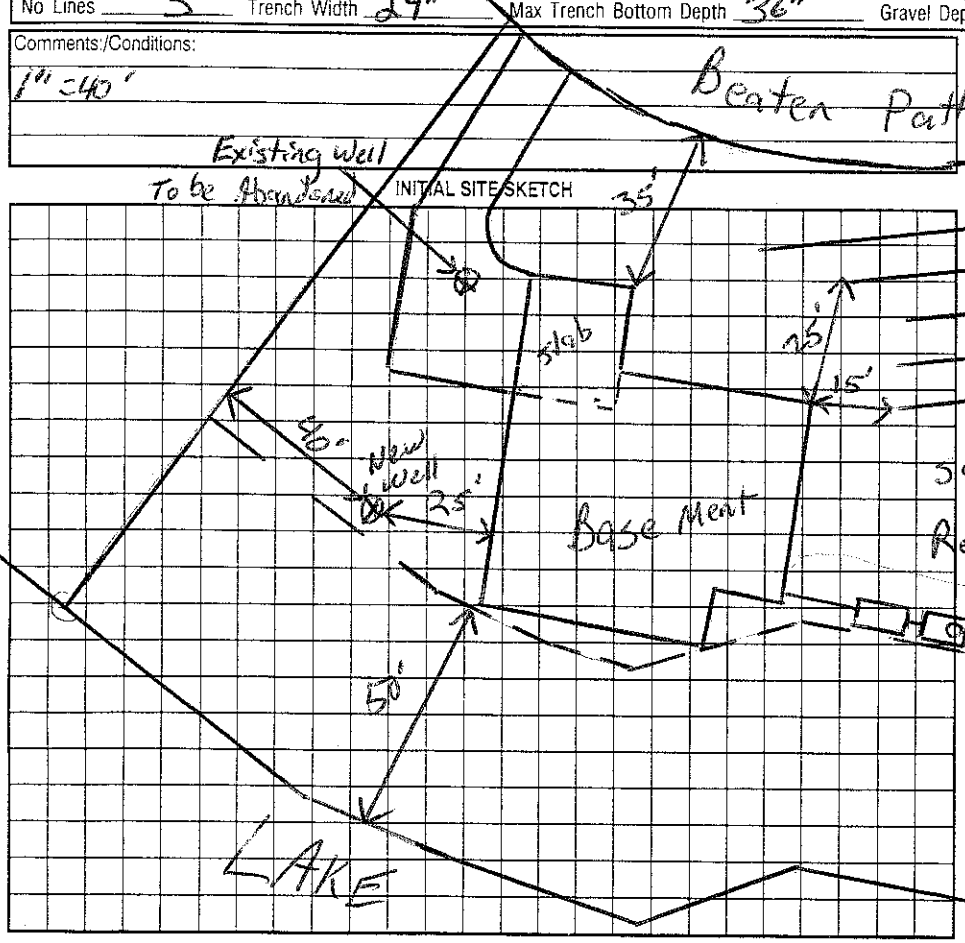
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

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

Water Supply: ☒ Individual ☐ Public ☐ Community

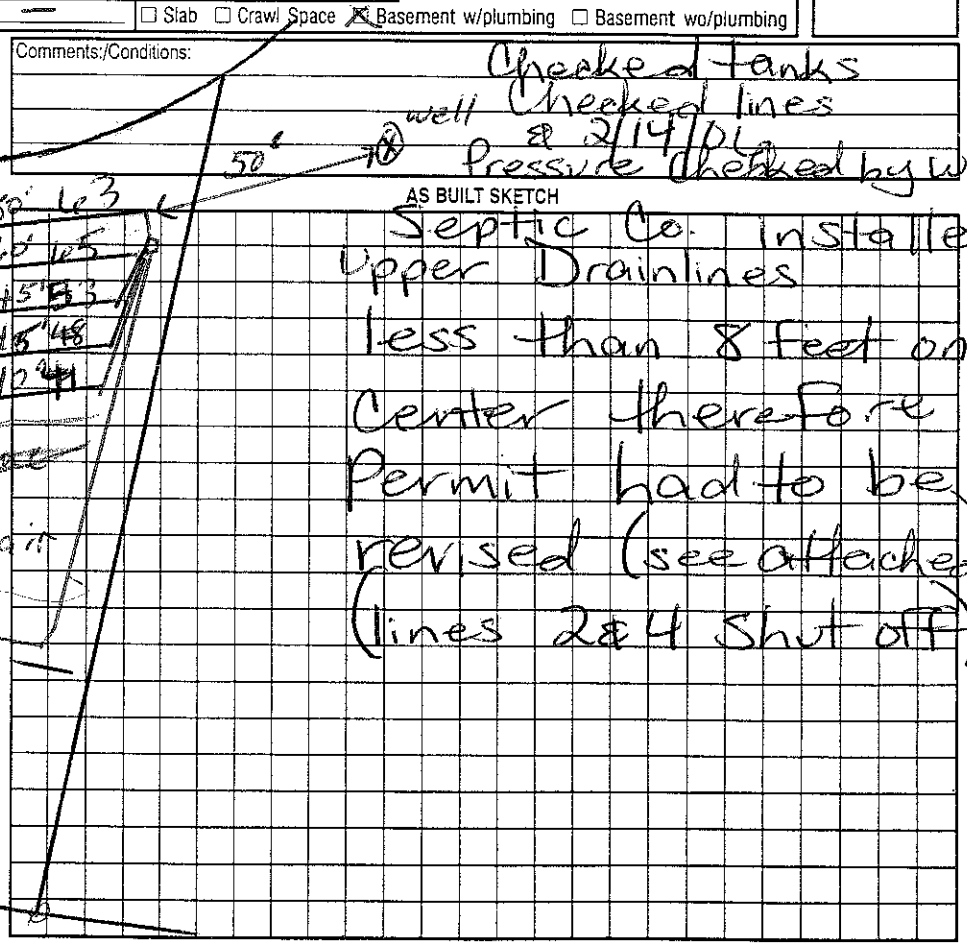
Comments:/Conditions:
1" = 40'

INITIAL SITE SKETCH



Comments:/Conditions:
Checked tanks
well Checked lines
& 2/14/06
Pressure checked by WS

AS BUILT SKETCH



Septic Co. installed Upper Drainlines less than 8 feet on Center therefore Permit had to be revised (see attached) (lines 2 & 4 Shut off)

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: Mah S. Faulk date 5/26/05

Improvement Permit by: RS date 5/22/05

Authorization to Construct by: RS date 5/22/05

Installed by: Piedmont Septic

Operation Permit by: Maria H. Cannon date 3/10/06

Existing System Inspection by: date

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