IREDELL COUNTY HEALTH DEPARTMENT

STATESV -878-5305 3/5100 Tai 9 MOORESVILLE 704-664-5281

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

PERMIT# 127475 PIN# 4636 43 4057 DATE 6/3/05

OWNER OR CONTRACTOR Michelle Dellorso PHONE: Business _____ Home 704 634 5859

ADDRESS 199 Garnett Rd Mooresville NC 28117

LOCATION BSR TL Stutts, TR Poinsettia, TR Oasis, on LT

SUBDIVISION Stutts Cove BLOCK / SECTION 2 LOT 30 LOT AREA 0.7 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 794 Date 9-25-05
Pump Tank: 1000 Gallons; PT 27 Date 9-25-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270'
No Lines 6@45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description PM ~~ESP~~ Panel 816CK
Repair System Description: Same - offsite
Maintenance Agreement Required: ☒ Yes ☒ No

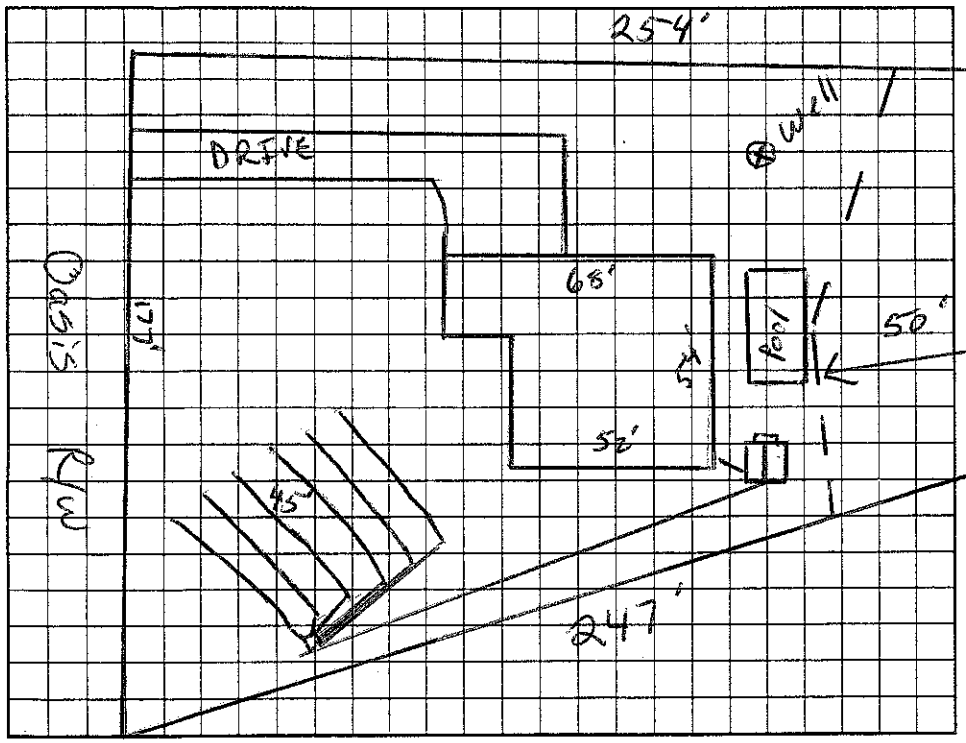
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

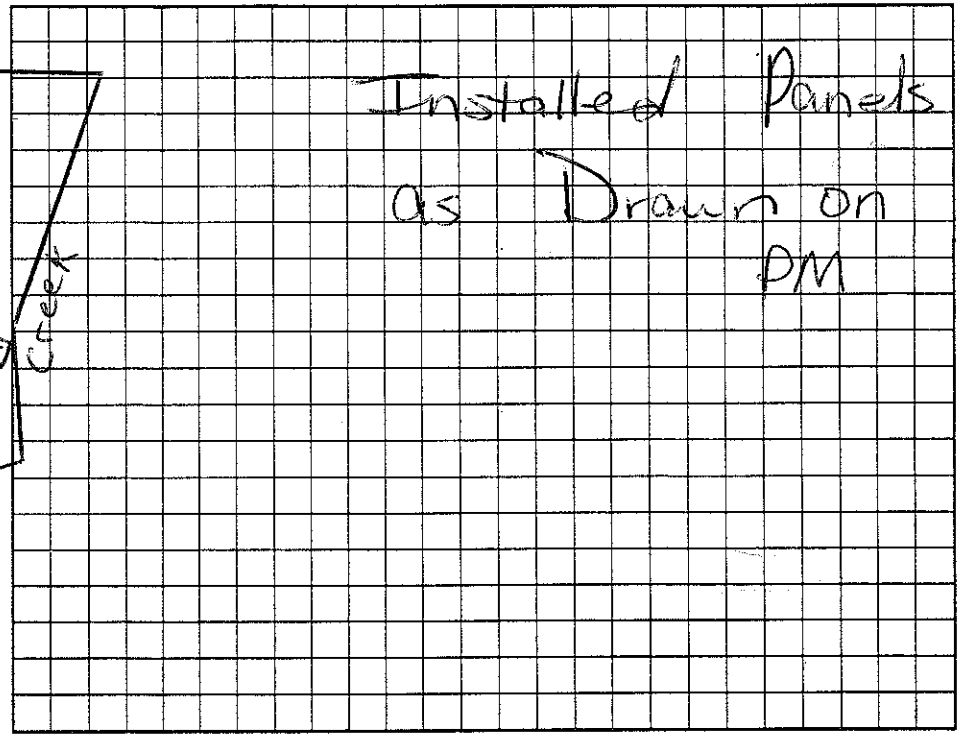
Comments:/Conditions:
1"=50

Comments:/Conditions: Checked tanks & lines 11/3/05
Pressure, elect & alarm 11/23/05
Pressure Manifold = Type IIIB

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: Michele Dellorso date 6/6/05 Installed by: Richard Abernathy

Improvement Permit by: RS date 6/3/05 Operation Permit by: RS date 11/23/05

Authorization to Construct by: RS date 6/3/05 Existing System Inspection by: _____ date _____

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