IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Eq. 9 MOORESVILLE 704-664-5281

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

PERMIT# 126952 PIN# 4636438199 DATE 4-6-05

OWNER OR CONTRACTOR Scott Ward Construction PHONE: Business 799-7441 Home 779-4277 Cell

ADDRESS 139 Poinsettia Lane Mooresville NC 28117

LOCATION Brawley School Rd TL Stutts & TR Poinsettia on right

SUBDIVISION Stutts Cove BLOCK / SECTION ____ LOT 51 LOT AREA .739 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 8/9/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 1200' Linear Feet 400'
No. Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-25% Reduction
Repair System Description Grav/Pump-25%-58% Reduction
Maintenance Agreement Required ☐ Yes ☒ No

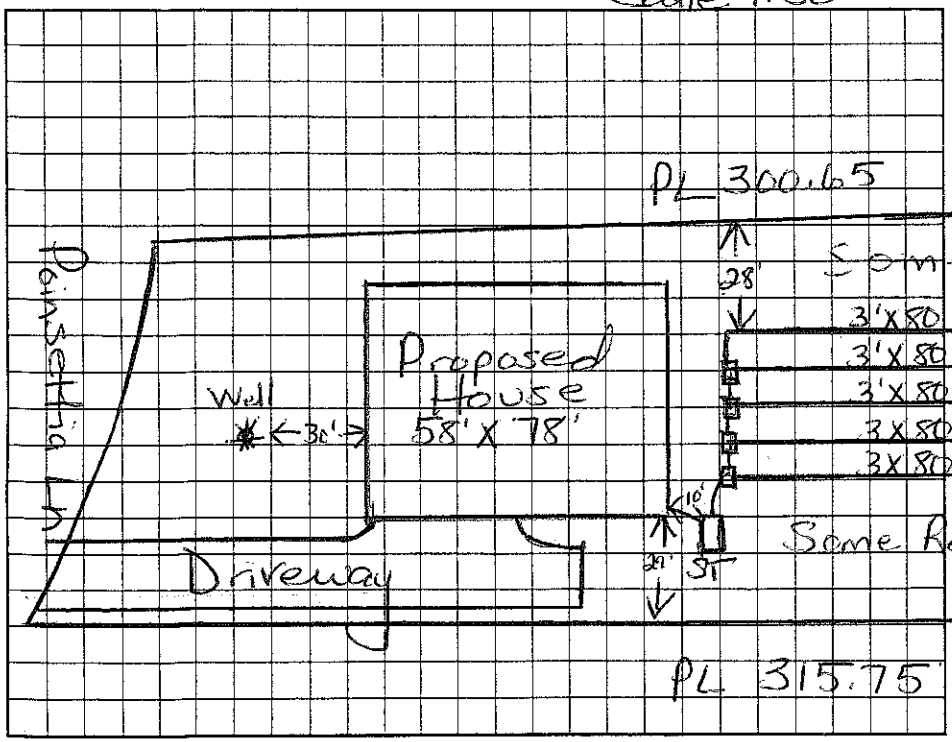
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

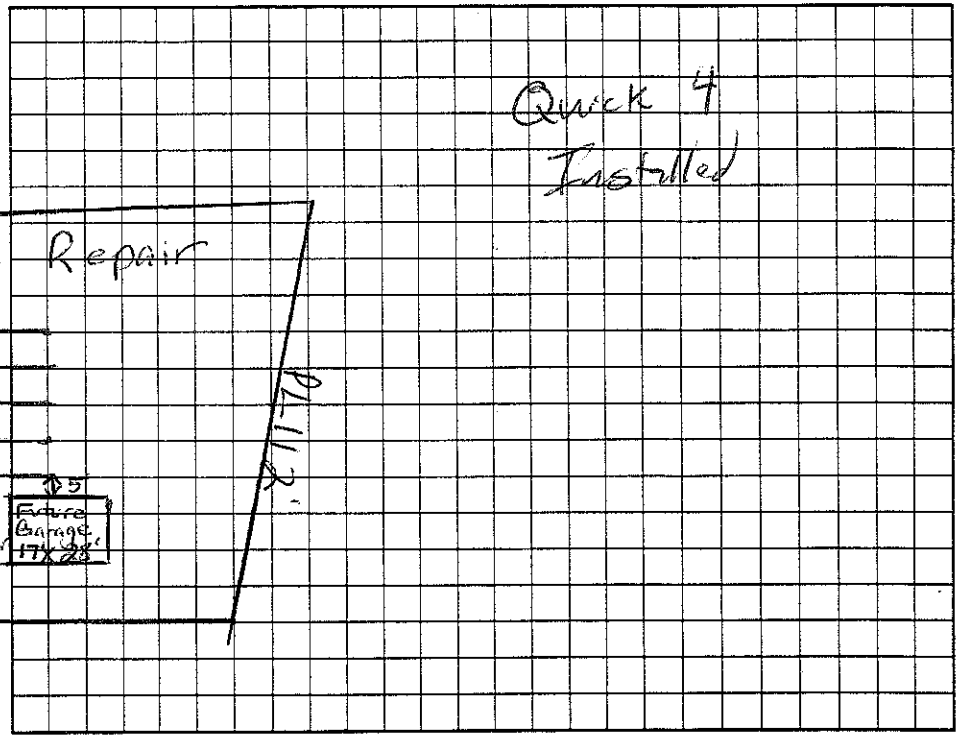
Comments:/Conditions: Keep Septic System 10' from house, at least 10' from PL & 100' to well.

Comments:/Conditions: Note: May be able to install in 4-100' lines if more trees cleared out.

INITIAL SITE SKETCH Scale 1:50



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: Scott Ward date 4/7/05
Improvement Permit by: Maria H. Dotson date 4/7/05
Authorization to Construct by: Maria H. Dotson date 4/7/05

Installed by: Leatherman Septic
Operation Permit by: RS date 9/15/05
Existing System Inspection by: ____ date ____

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