3600 $125

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100163 PIN# 4637 45 3584 DATE 5/17/01

OWNER OR CONTRACTOR Marie Anderson PHONE: Business _____ Home 799-2208

ADDRESS 107 Nile Cir. Apt B. Mooresville NC 28117

LOCATION 150 W, L Doolie, R Whippoorwill, R Kingfisher on RT

SUBDIVISION Whippoorwill Woods BLOCK / SECTION _____ LOT 11 LOT AREA .78 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1000 Date 12/3/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300

No. Lines 8 @ 38' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Pump 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

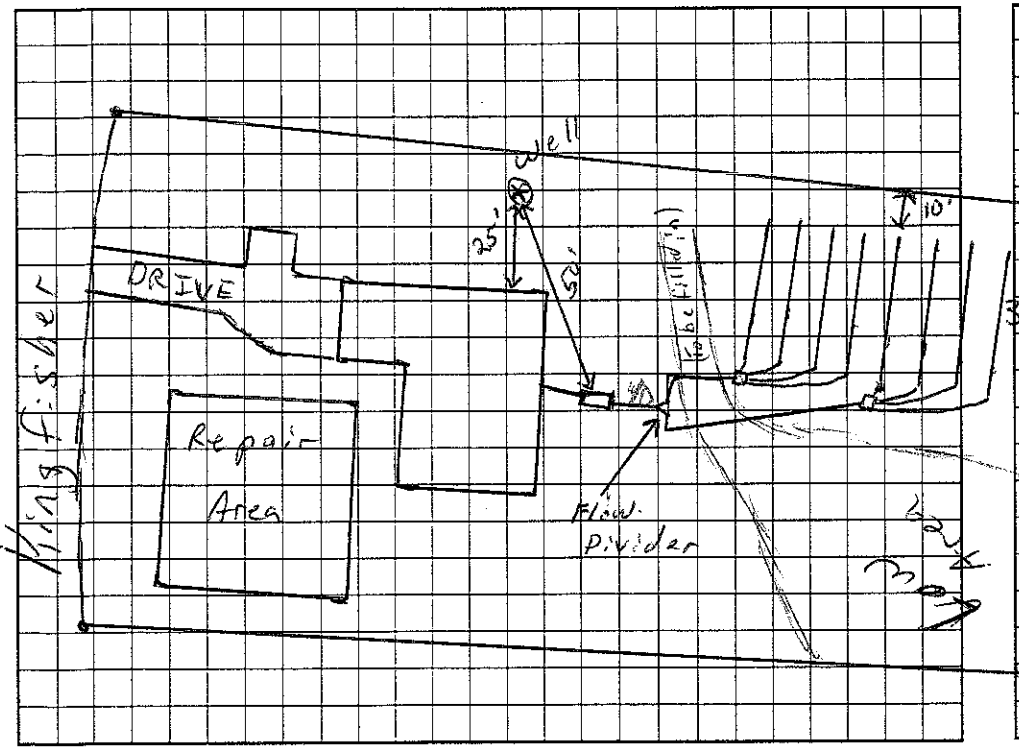
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

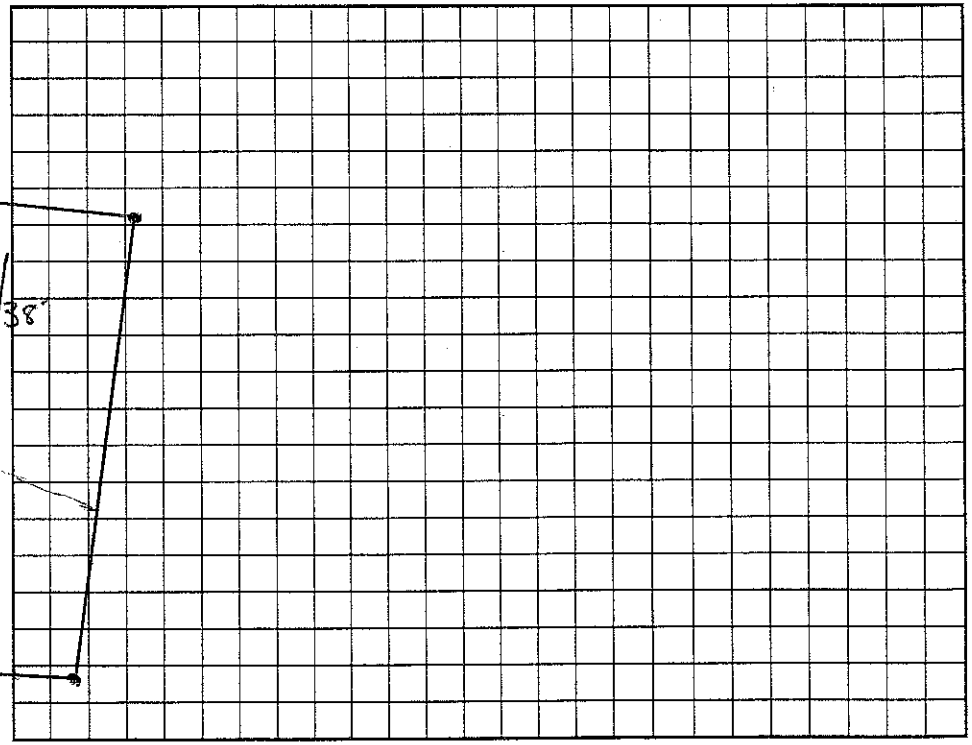
Comments:/Conditions: Drain lines may be up to 48" deep trench Bottom to have enough fall from the tank

Comments:/Conditions: NO speed levelers installed Infiltrators installed

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: Marie F. Anderson date _____

Improvement Permit by: [signature] RS date 5/17/01

Authorization to Construct by: [signature] RS date 5/17/01

Installed by: Wayne Clontz

Operation Permit by: [signature] RS date 1/20/02

Existing System Inspection by: _____ date _____

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