IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — As Built — MOORESVILLE 704-664-5281

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

PERMIT# 093-640 PIN# 463 75562 55 DATE 4-8-2002

OWNER OR CONTRACTOR Greg Biffle PHONE: Business _____ Home _____

ADDRESS Doolie Rd Mooresville

LOCATION Hwy 150 West TL Doolie Rd TL Lineberger On right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25 to .3

Septic Tank: 1000 Gallons; STB 1007 Date 2-2-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 924' Linear Feet ~308'
No Lines 4 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% Reduct
Repair System Description: Pump Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

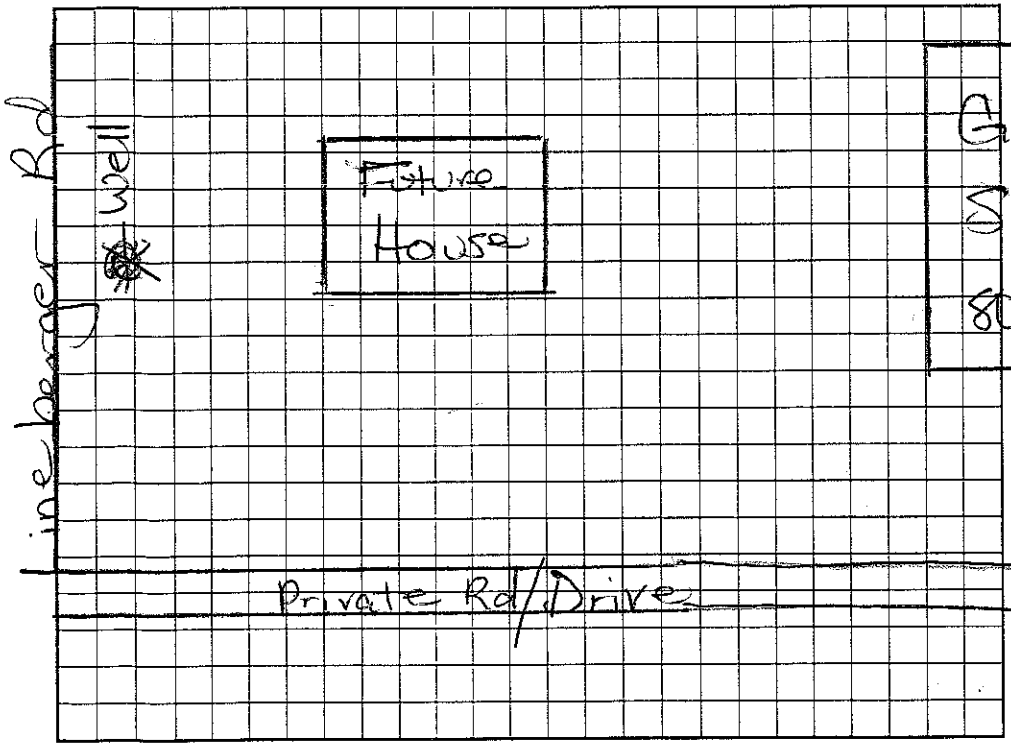
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other Garage/Shop
No. Bedrooms 2 No. Bathrooms 2 No. Employees _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

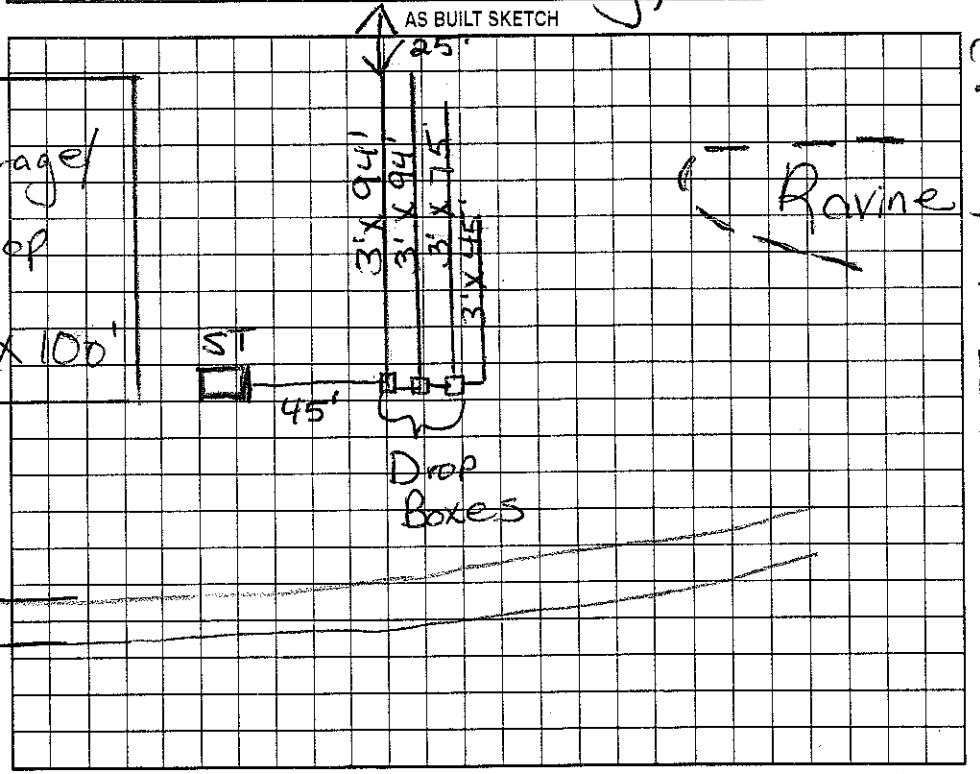
Comments/Conditions:

Comments/Conditions: Installed "Plastic Chambers" for Drainfield.
PL (Gulley)

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Wayne Clontz

Operation Permit by: Melissa Dotson RS date 4/8/2002

Existing System Inspection by: _____ date _____

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