IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

Amt 4.00

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

PERMIT# 093640 PIN# 4637556255 Chris Pagliaro DATE 1-4-2002

OWNER OR CONTRACTOR Greg Biffle PHONE: Business (704) 201-7447 Home 506-6640

ADDRESS 319 Doolie Rd Mooresville, NC

LOCATION Hwy 150 West TL Doolie Rd TL Lineberger on right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA Acreage SITE CLASS. PSJ DESIGN FLOW 360gpd 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 ____ Linear Feet 350'

No Lines 5@70' Trench Width 36" Max Trench Bottom Depth 18-24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity-25% Reduction

Repair System Description: Pump Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other + Bath in Shop/Garage

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

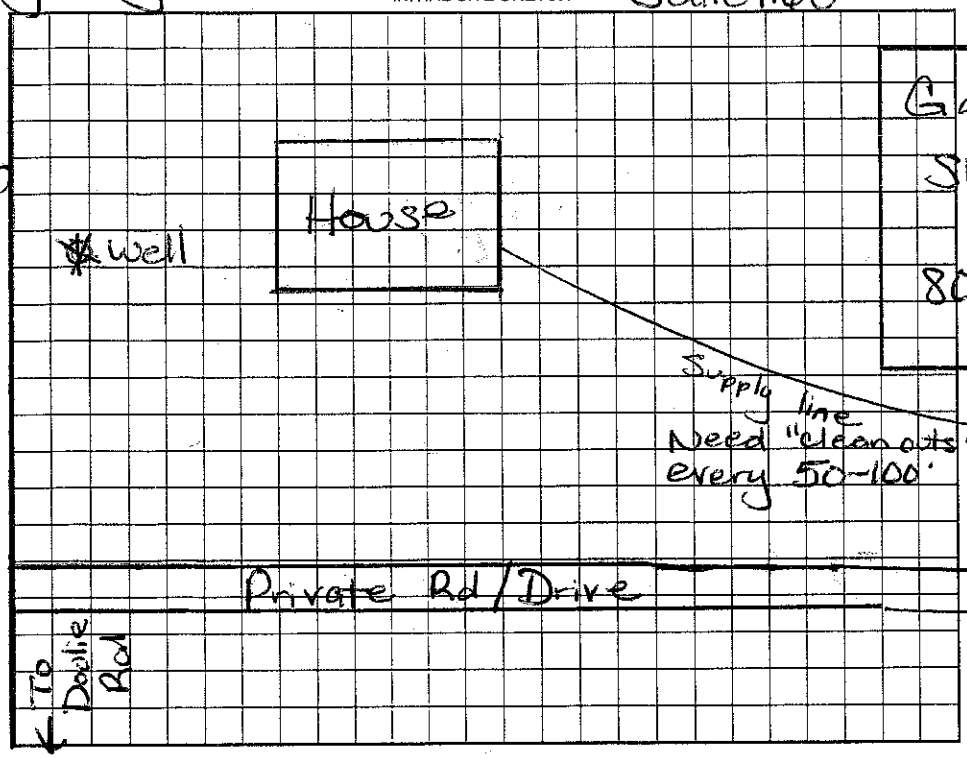
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

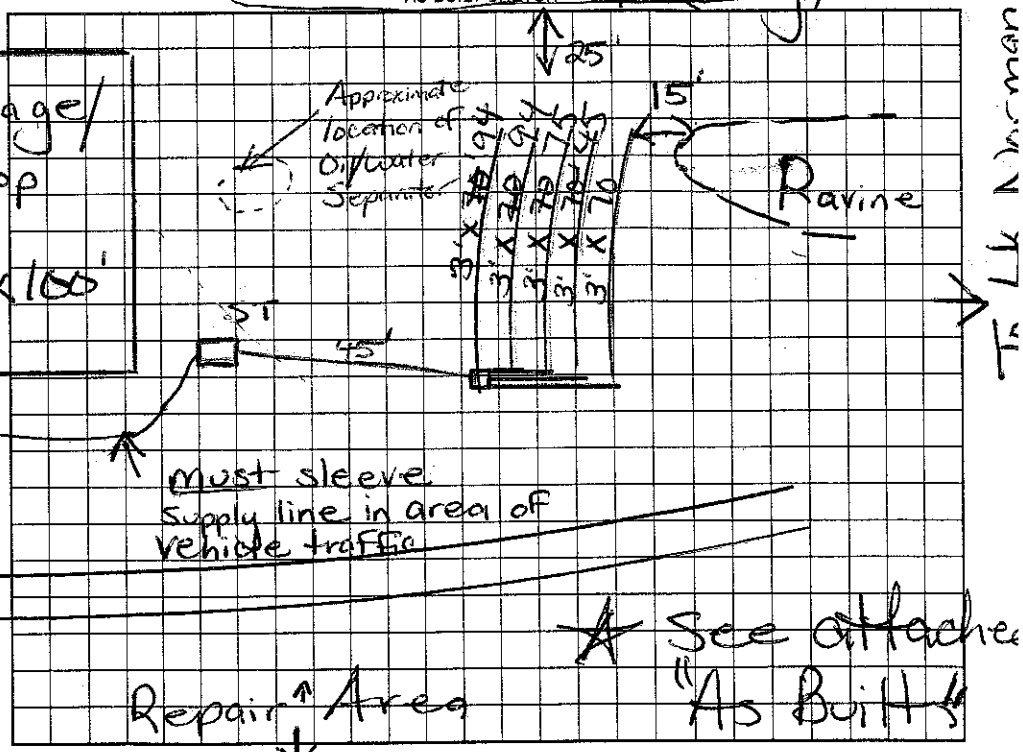
Comments/Conditions: Keep Septic System at least 10' from PL & 15' from Ravine (ravine cut > 2'). Must be able to maintain gravity flow from house to ST otherwise it has to be pumped.

Comments/Conditions: ☒ Install "Drop boxes" instead of Disk box. Tanks & lines 1, 2 & 3 checked 4/8/2002.

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH PL (Gulley)



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 1-9-02 Installed by: Wayne Chontz

Improvement Permit by: Maria H. Dotson R.S. date 1/8/2002 Operation Permit by: Maria Dotson date 4/8/2002

Authorization to Construct by: Maria H. Dotson RS date 1/8/2002 Existing System Inspection by: ____ date ____

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