IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130352 PIN# 4637-76-2239 DATE 8/30/05

OWNER OR CONTRACTOR John Crisan PHONE: Business 704 363-7386 Home 704 663-2507

ADDRESS 160 Webbed Foot Rd Mooresville NC 28117

LOCATION 150 W TL Kendra, on Lt

SUBDIVISION Hollie Meadows BLOCK / SECTION ____ LOT 26 LOT AREA 0.594c SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 12-6-05
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 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

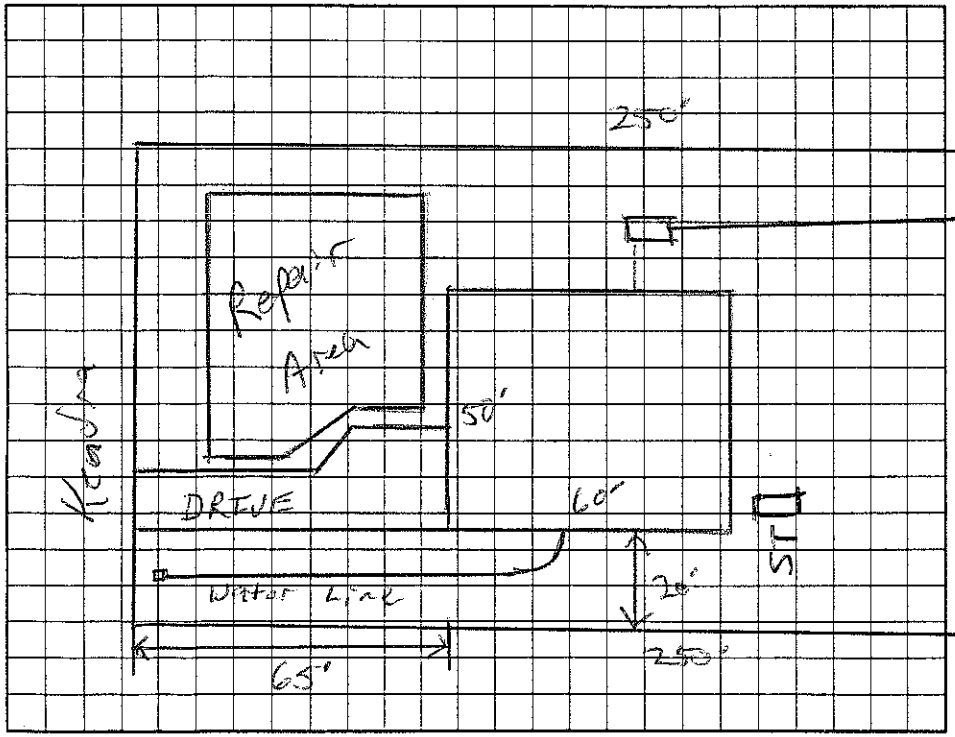
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:
1"=40'

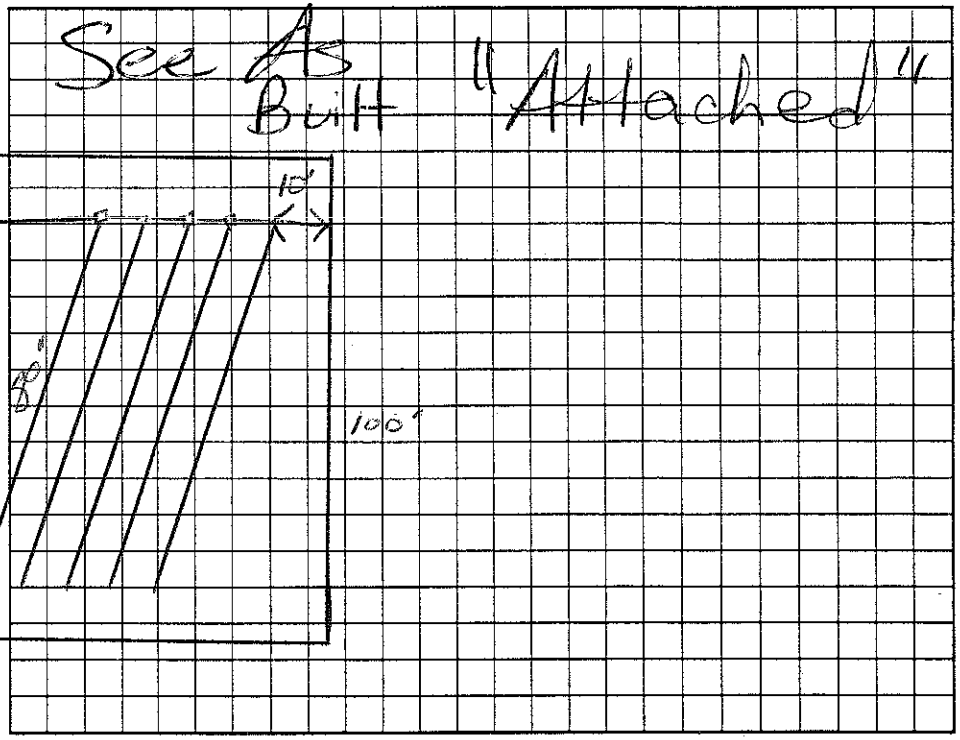
Comments:/Conditions: Installed 4-75' lines Quick 4

INITIAL SITE SKETCH



AS BUILT SKETCH

See As Built "Attached"



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: David Curlock date 8-30-05 Installed by: Wayne Gantz

Improvement Permit by: [signature] RS date 8/30/05 Operation Permit by: [signature] RS date 2/16/06

Authorization to Construct by: [signature] RS date 8/30/05 Existing System Inspection by: ____ date ____

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