11:45

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133956 PIN# 4638539702 DATE 6-26-06

OWNER OR APPLICANT Glenn Babcock Charlie PHONE: Business 704 622-9646 Home 660-5160

ADDRESS 140 Scanlon Rd. Mooresville, NC 28115

LOCATION Perth Rd North TL Normandy TL Hughes at end in Cul de sac

SUBDIVISION Lk Norman Apk BLOCK / SECTION ____ LOT 51 LOT AREA 1.23 Acre SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 4-2-06

Pump Tank: 1000 Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1215 Linear Feet 405'

No Lines 3@135' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: Pump - 25% Reduction

Repair System Description: LP - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

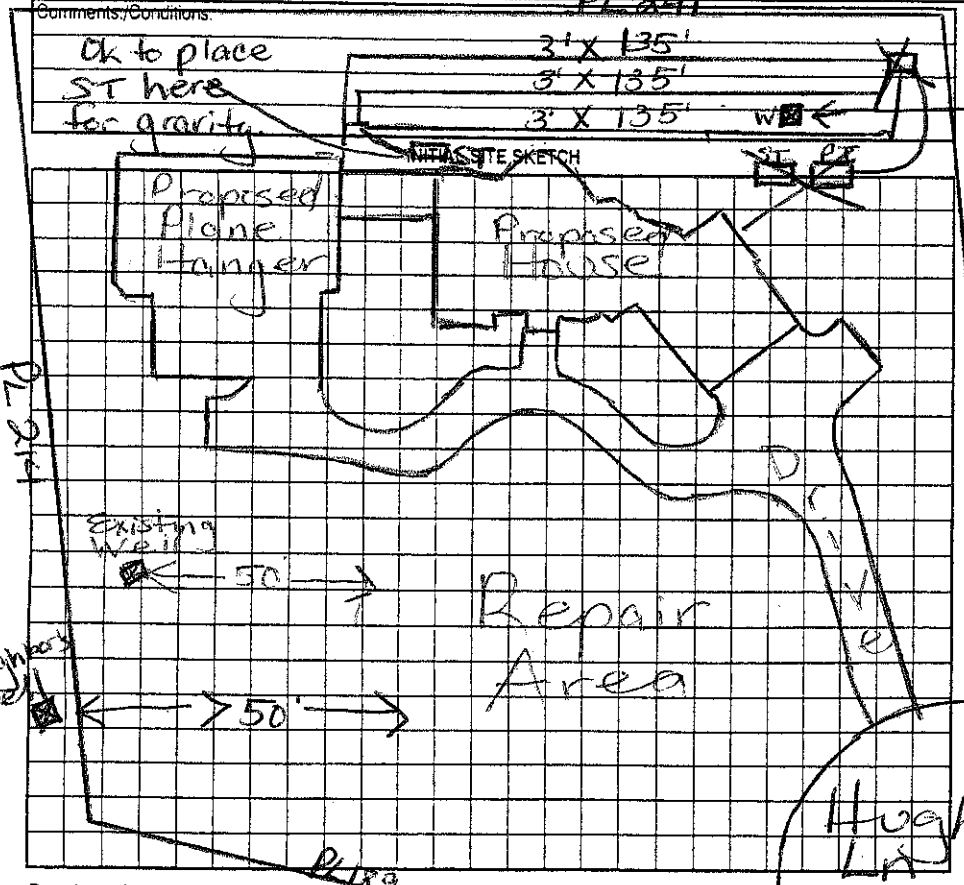
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

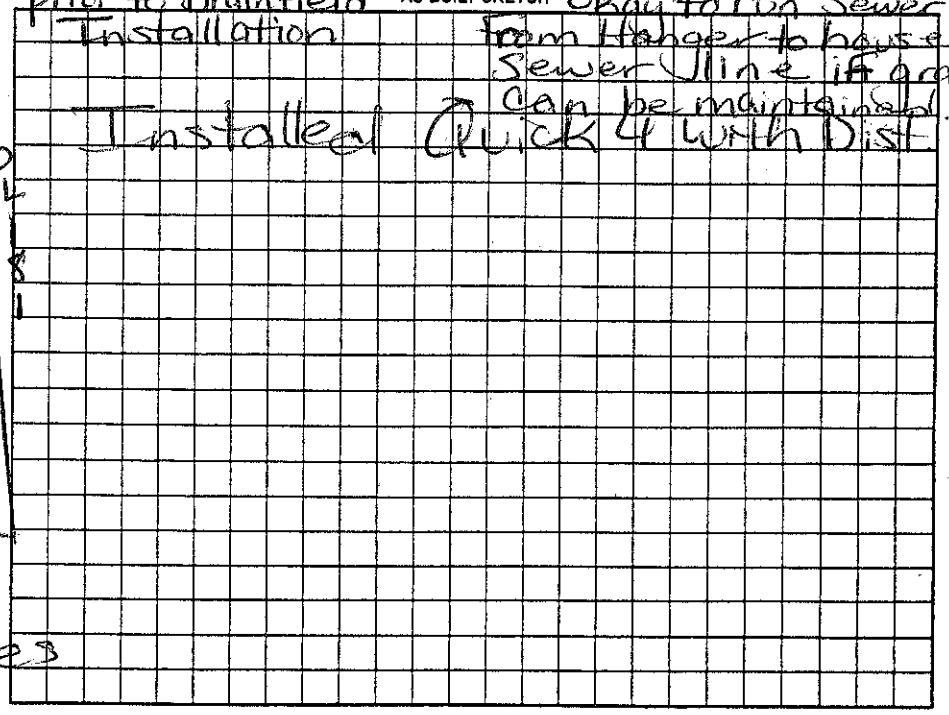
Comments/Conditions: Ok to place ST here for gravity.

Comments/Conditions: Note: IF plumbing "stubbed out" high enought a pump may not be needed. Existing Well Must be abandoged Prior to Drainfield Installation Check with Heath Dept.

INITIAL SITE SKETCH



AS BUILT SKETCH Okay to run Sewer line from Hanger to house Sewer line if gravity can be maintained. Installed Quick 4 with Dist box



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: [signature] 6/27/06 date 6-27-06 Installed by: C & S Grading RS

Improvement Permit by: Maintained Olsen RS date 6/26/06 Operation Permit by: Maintained Olsen date 2/8/07

Authorization to Construct by: Maintained Olsen RS date 6/26/06 Existing System Inspection by: ____ date ____

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