2-00 Pd $50.00 Redraw Fee 2/12/03

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095333 PIN# 4638856 9412 DATE 2-12-03

OWNER OR CONTRACTOR Douglas Rady PHONE: Business 577-2438 Home 662-3893

ADDRESS 218 Collingswood Rd Mooresville, NC

LOCATION Perth Rd N to Stumpy Creek, L Collingswood on Rt

SUBDIVISION Clay T BLOCK / SECTION 14 LOT 67 LOT AREA 1.694ac SITE CLASS BS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1/4/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
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% Reduction
Repair System Description: Lot deeded prior to
Maintenance Agreement Required: ☐ Yes ☒ No 1983

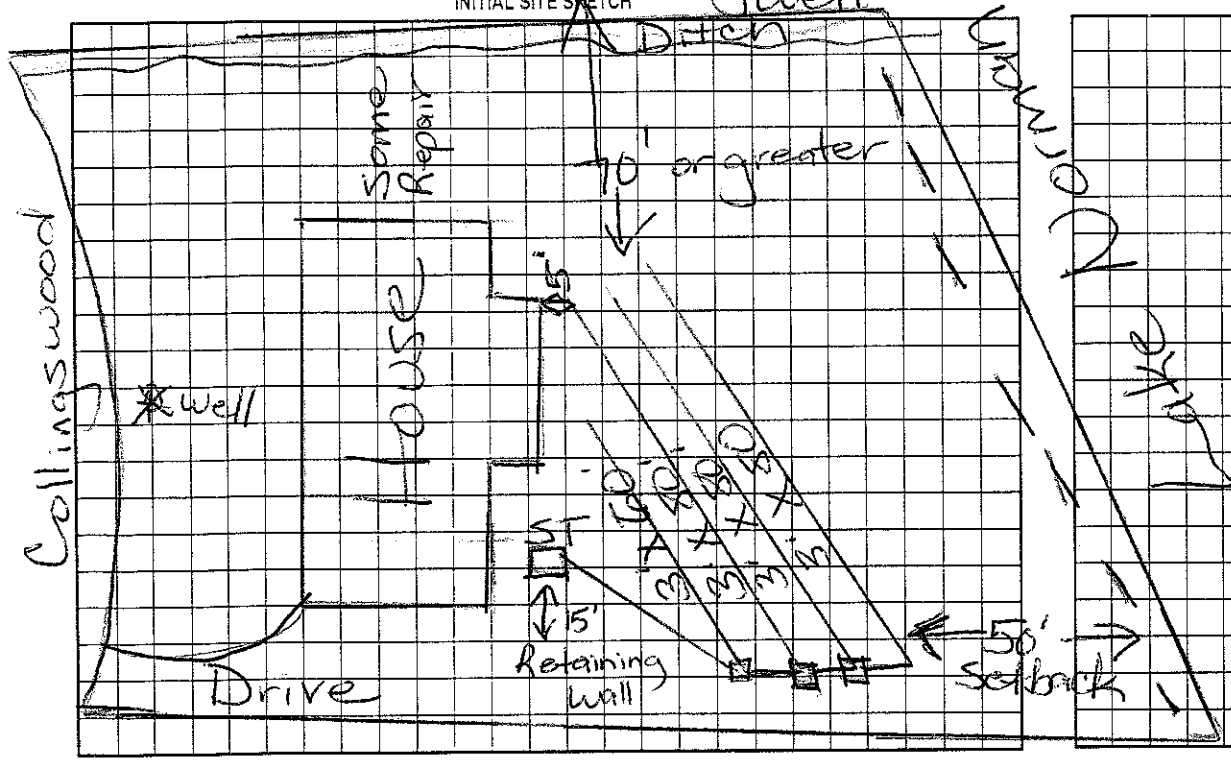
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

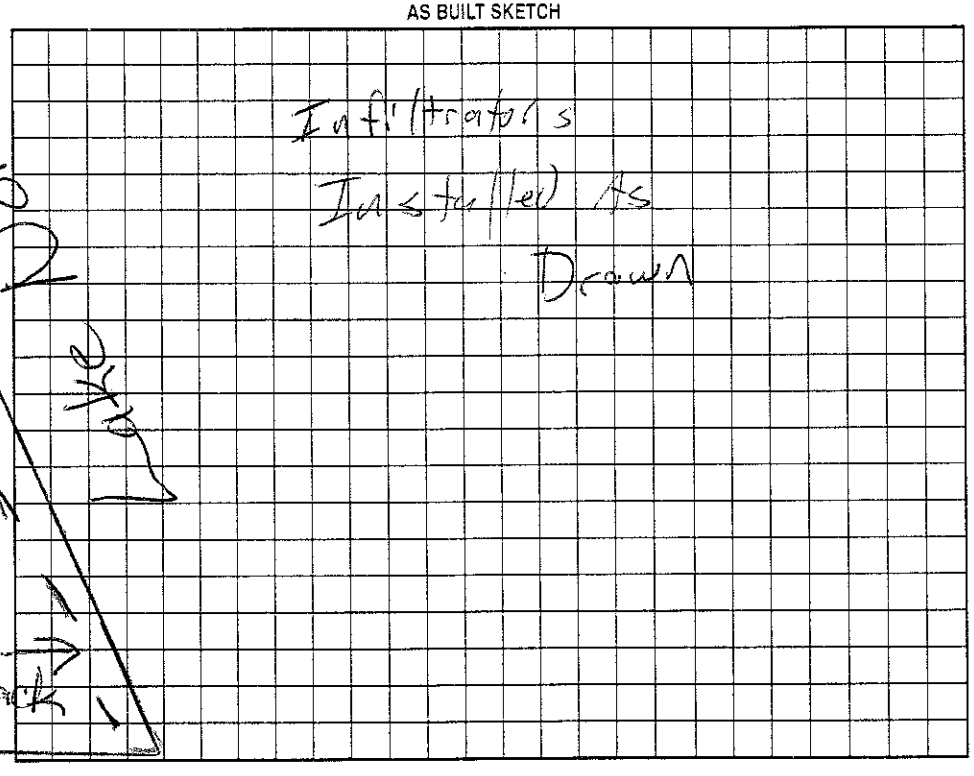
Comments/Conditions: Keep Septic System at least 10' from pl. & 50' from lake. Keep at least 15' from cut >2' & Neighbor's

Comments/Conditions: Note: If Installer can't get 60' on upper most line than add 10' to next line

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: X Doug Rady date ____ Installed by: Rowan Septic

Improvement Permit by: Maria H. Dobson RS date 2/12/03 Operation Permit by: RS date 2/13/03

Authorization to Construct by: Maria H. Dobson RS date 2/12/03 Existing System Inspection by: ____ date ____

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