IREDELL COUNTY HEALTH DEPARTMENT

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

1300 Paid

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

PERMIT# 125612 PIN# 4638597912 DATE 1/13/05

OWNER OR CONTRACTOR Medallion Properties, Inc. PHONE: Business 704-799-2710 Home

ADDRESS 306 Blume Rd Mooresville NC 28117

LOCATION Perth Wl, TL Stumpy Creek, TR Stumpy Creek, on Lt

SUBDIVISION CL+T BLOCK / SECTION 14 LOT 119 LOT AREA 0.84AC SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 10/5/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270'
No Lines 5@54' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity Panel Block
Repair System Description: Liquid LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No Pedal 1975

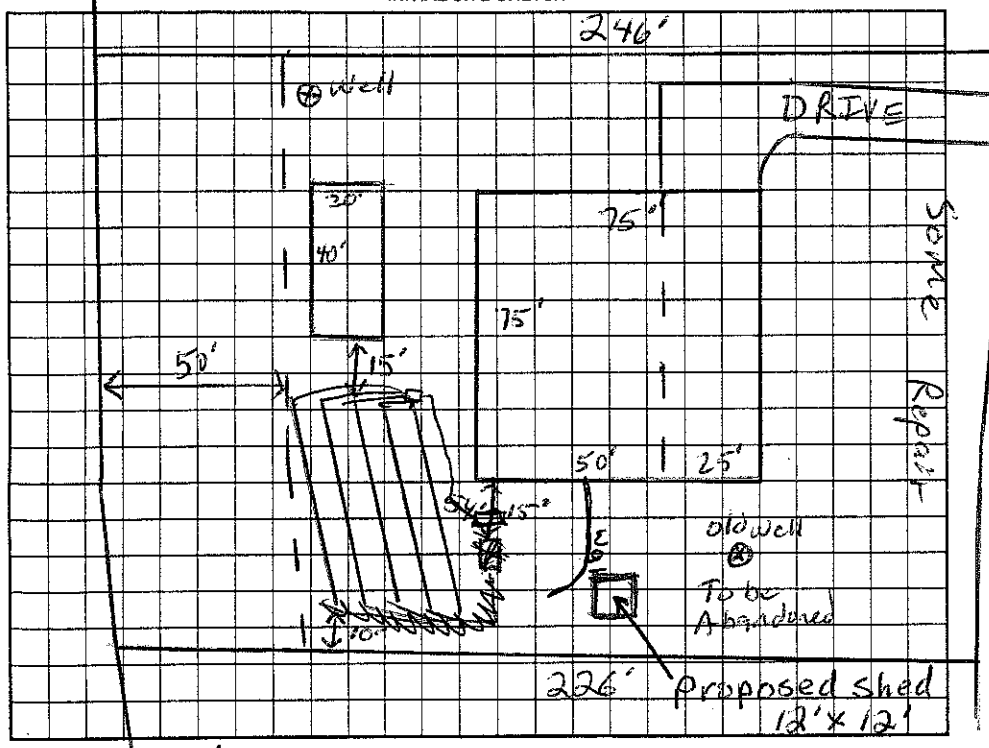
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
1"=50'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

The location of the proposed 12'x12' shed addition does not appear to impact the existing septic system.
**NOTE: ____

REHS
Date: 4-7-11
ICHD-Environmental Health Division

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 1/20/05 Installed by: Rowan

Improvement Permit by: ____ RS date 1/13/05 Operation Permit by: ____ RS date 1/5/06

Authorization to Construct by: ____ RS date 3/10/05 Existing System Inspection by: ____ date ____

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