IREDELL COUNTY HEALTH DEPARTMENT

Pd. 125.00

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

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

PERMIT# 086672 PIN# 4639389484 DATE 1/5/2000

OWNER OR CONTRACTOR Richard Accardo PHONE: Business 357-4431 Home 660-5918

ADDRESS 105 Peralta Circle Mooresville, NC 28117

LOCATION Perth Rd North TL Neill Farm Rd Bear left on Winding Shore on Rt Near End

SUBDIVISION Northwood BLOCK / SECTION II LOT 23 LOT AREA .75 Acre SITE CLASS PSJ DESIGN FLOW 480gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 97 Date 12/22/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 375'
No Lines 5 at 75' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction *
Repair System Description: Gravity - Modified
Maintenance Agreement Required: ☐ Yes ☐ No

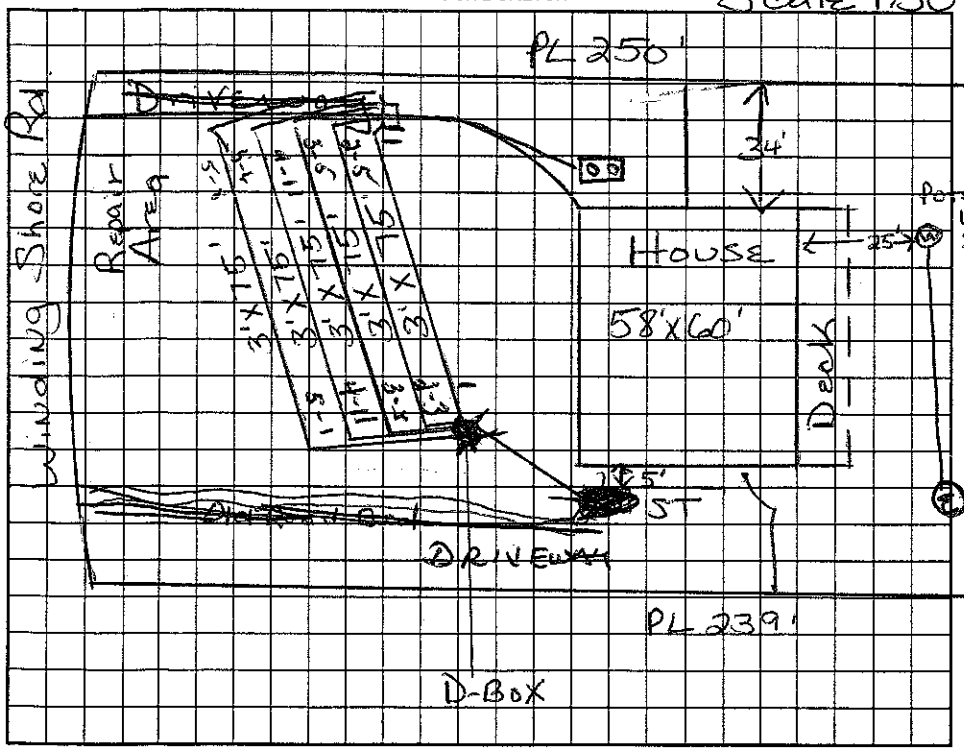
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

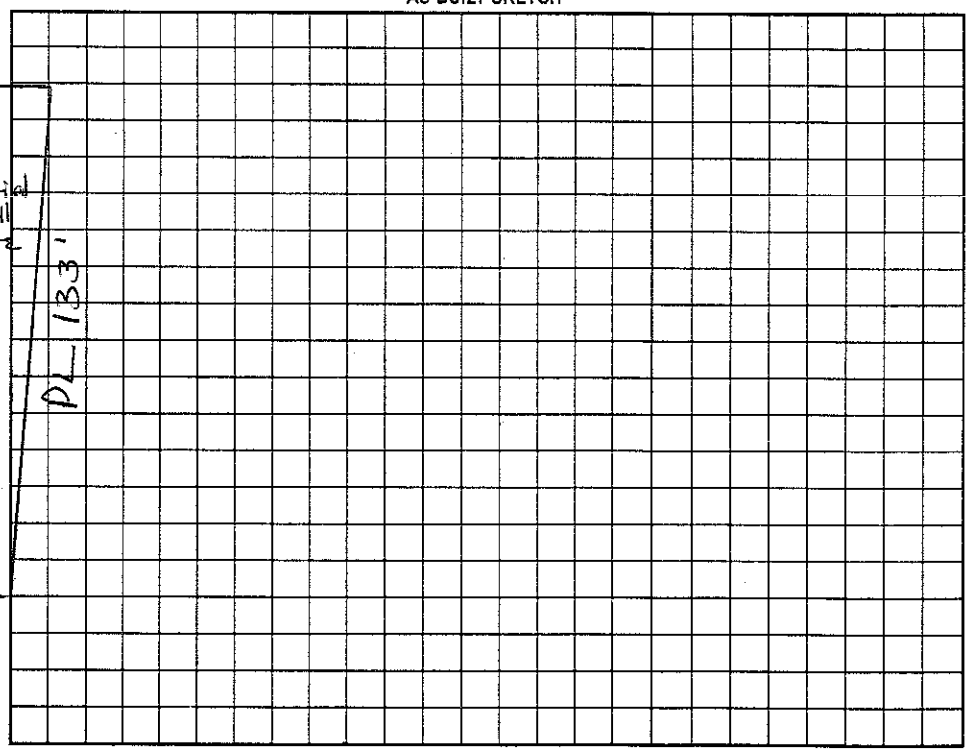
Comments:/Conditions: Keep Septic System 10' from PL, 5' From House & 50' to 100' from Well (anywell) Keep well at least 25' from house.

Comments:/Conditions: Replaces permit dated 5/21/98
* 25% Reduction in Drainfield area.

INITIAL SITE SKETCH Scale 1:50



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: Susan J Accardo date 9/8/2000 Installed by: WT Norwood

Improvement Permit by: Maria H. H. Dotson date 1/6/2000 Operation Permit by: Wesley Sparks RS. date 4/10/01

Authorization to Construct by: Maria H. H. Dotson date 1/6/2000 Existing System Inspection by: ____ date ____

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