IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 sq.ft MOORESVILLE 704-664-5281

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

PERMIT# 126690 PIN# 4639474136 DATE 4-7-05

OWNER OR CONTRACTOR Gary Phelps / Sam Glaberman PHONE: Business 663-6199 Home 906-7788

ADDRESS P.O. Box 3966 Mooresville, NC 28117

LOCATION Perth Rd North TL Fern Hill TR Tennessee Circle on right

SUBDIVISION Northwood BLOCK / SECTION ____ LOT 9 LOT AREA 3.88 SITE CLASS PS DESIGN FLOW 360 gpd LT.A.R. .3

Septic Tank: 1000 Gallons; STB 577 Date ____

Pump Tank: 1000 Gallons; PT 530 Date ____

Pump Make: Goulds Model WE05111H Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Pump - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

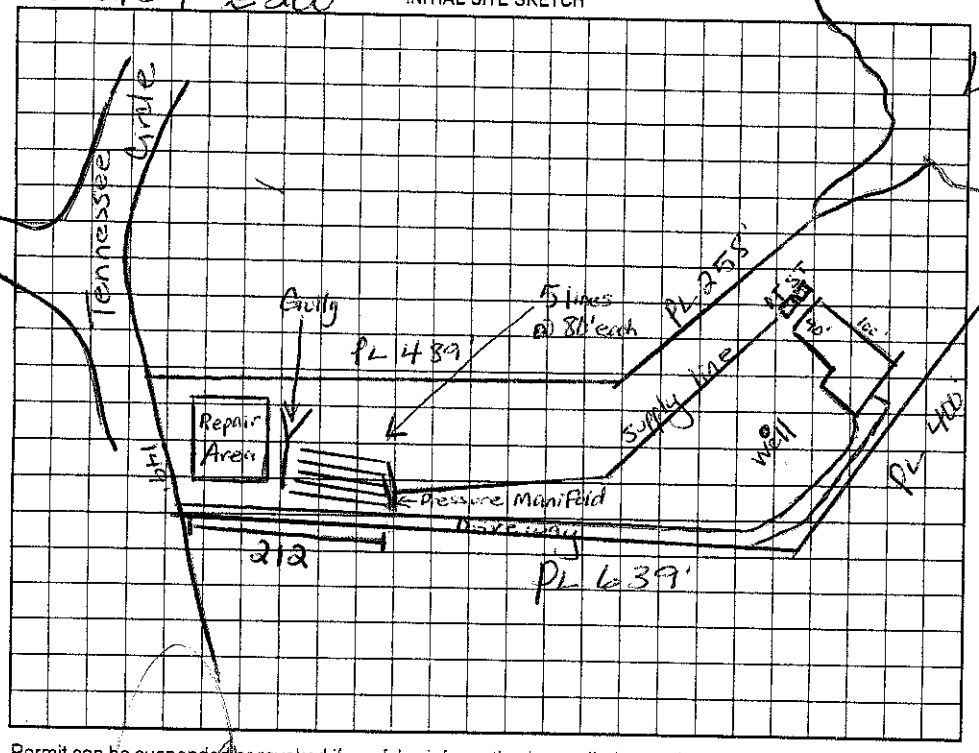
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (577 STB) Installed Mariner Plastic tanks. 3/20/07

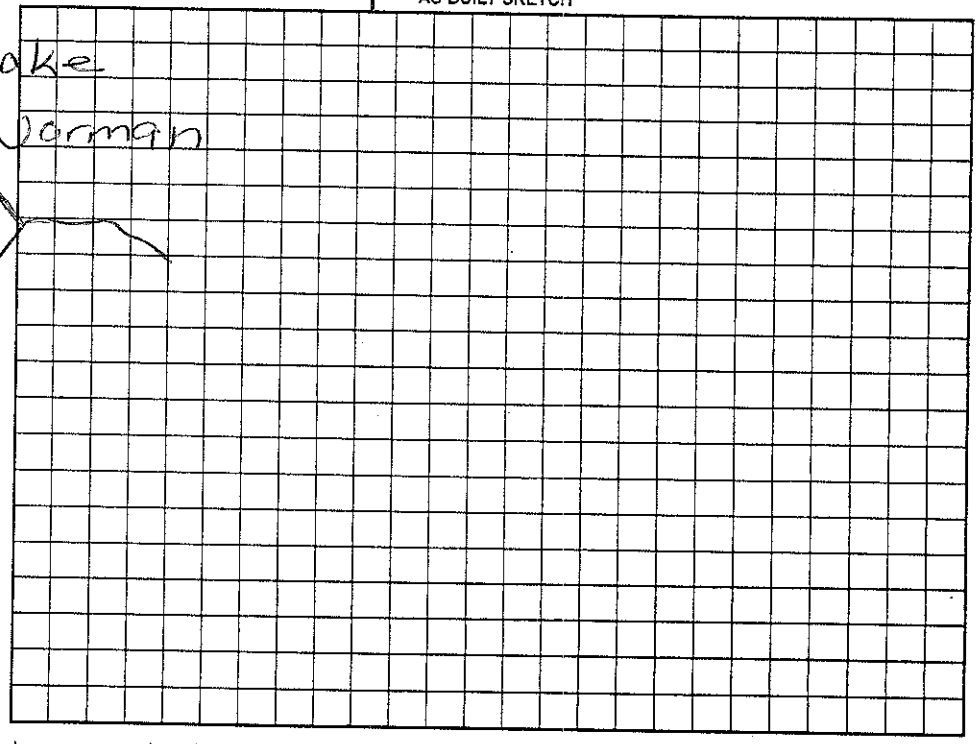
Comments:/Conditions: Inspected Drainfield 3/13/07 Quick Inspection Installed tanks checked 3/20/07 Inv MS Set 25# pressure 9/7/07

Scale 1" ≈ 200'

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: ____ date 4/25/05

Improvement Permit by: Maria H. Dixon RS date 4/7/05

Authorization to Construct by: Jane Allyn date 12/14/06

Installed by: Opal Gordon RS

Operation Permit by: Maria H. Dixon RS date 9/7/07

Existing System Inspection by: ____ date ____

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