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# 12669O 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 4 LOT AREA 3.88 SITE CLASS PS DESIGN FLOW 4 BR Regard I.T.A.R. .3

Septic Tank: 1000 Gallons; STB 571 Date ____

Pump Tank: 1000 Gallons; PT 530 Date ____

Pump Make: Goulds Model WE05111 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

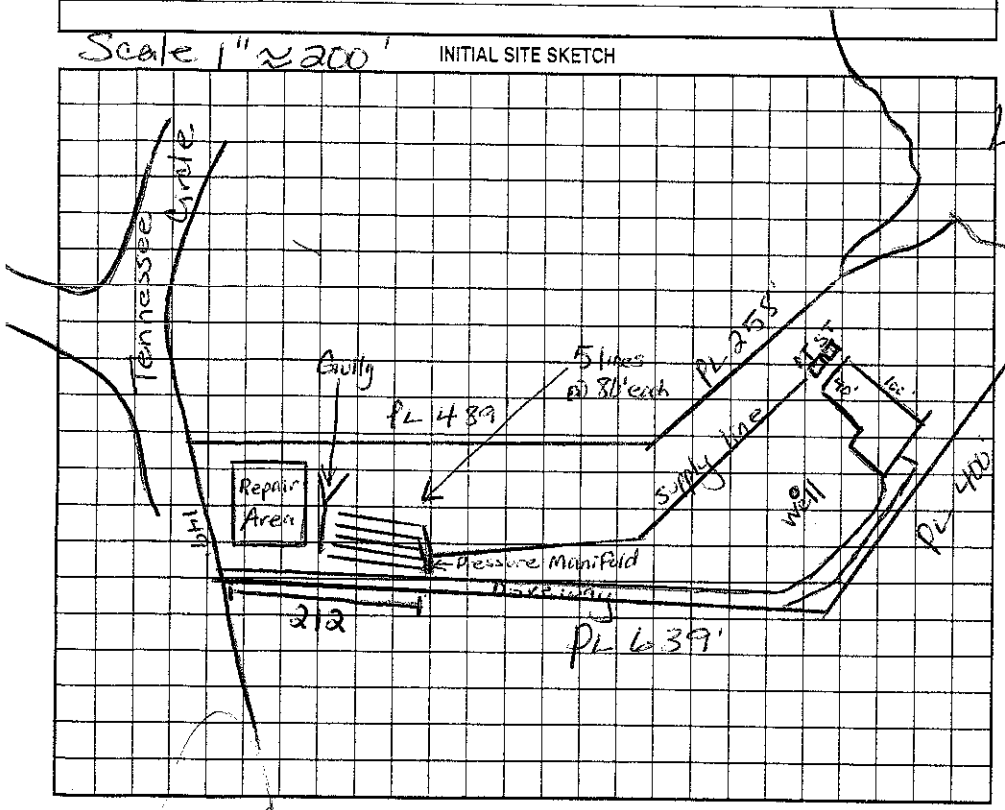
Water Supply: ☒ Individual ☐ Public ☐ Community

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

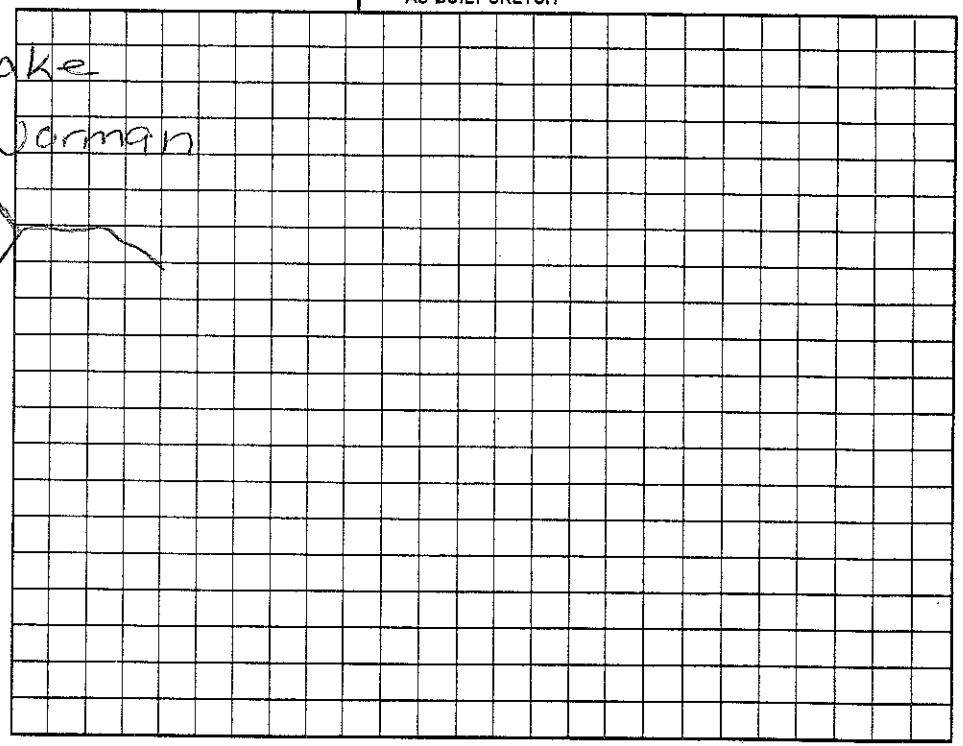
Comments:/Conditions: (571STB) Installed Mariner Plastic tanks. 3/20/07

Comments:/Conditions: Inspected Drainfield 3/13/07 Quick Flt Installed Tanks Checked 3/20/07 mm Set 2ft 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. Adams RS date 4/7/05

Authorization to Construct by: [signature] date 12/4/06

Installed by: Opal Brooks CRS

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

Existing System Inspection by: ____ date ____

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