IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 067581 PIN# 4644487479 2598 Cell DATE 10-22-2002

OWNER OR CONTRACTOR Charles & Angelique Hodges PHONE: Business 907-7654 Home 663-0236

ADDRESS P.O. Box 4162 Mooresville, NC 28078

LOCATION Langtree TL Mecklynn TR West Paces Rd ~ 1000' Ft on right on corner of Sail High Rd.

SUBDIVISION Westview BLOCK / SECTION ____ LOT 9 LOT AREA .76 Acre SITE CLASS. DS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 525 Date 6/9/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

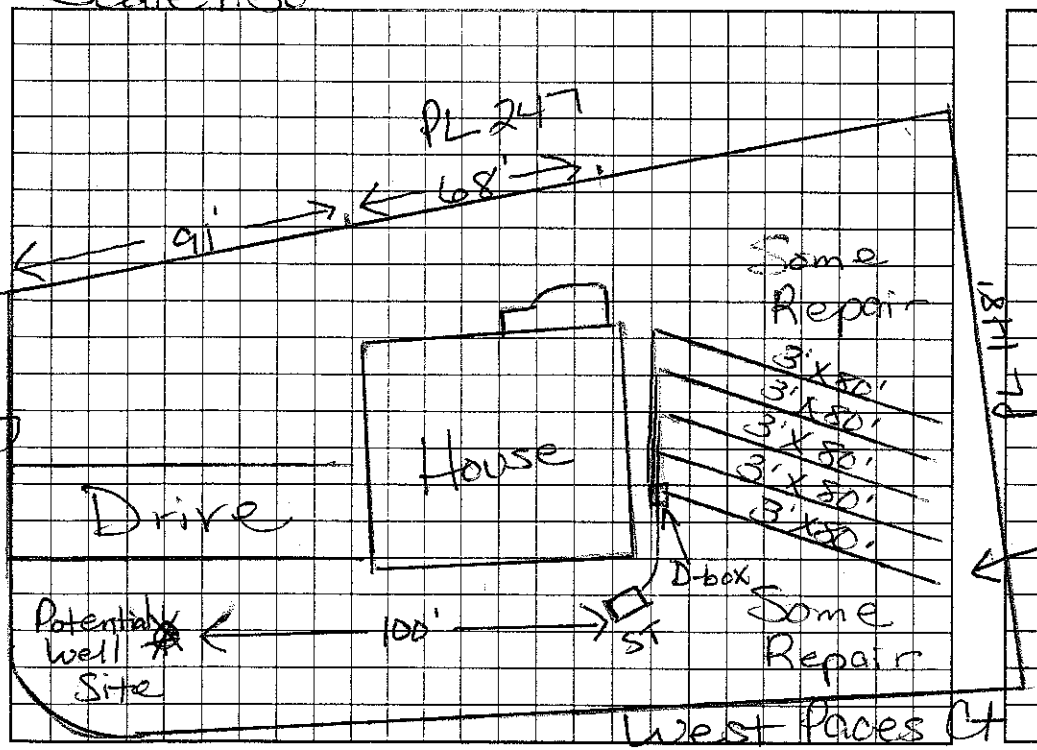
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic system at least 10' from PL & 100' to well.

Comments:/Conditions:

Scale 1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Inf. Chart as Installed As Down

The proposed / existing GARAGE addition does not appear to impact the existing septic system.
**NOTE: Addition of garage
Edwin L Pratt R.S.
Date: 1-10-14
ICHD-Environmental Health Division

Stay 10' off berm

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 11-06-02 Installed by: Rowan Septic

Improvement Permit by: Maria H. Nolan R.S. date 10/22/02 Operation Permit by: ____ date 8/12/03

Authorization to Construct by: Maria H. Nolan R.S. date 10/22/02 Existing System Inspection by: ____ date ____

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