IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066481 PIN# 4644 48 1479 PT 4644 49 3160 DATE 11/29/2000

OWNER OR CONTRACTOR CRI/ Girdhurtal Kothadia PHONE: Business _____ Home 664-1654

ADDRESS 533 Candsback Mooresville NC 28117

LOCATION Langtree TL Meck Lynn to West Paces Rd TR Jade Spring Ct TR

SUBDIVISION Westview BLOCK / SECTION _____ LOT 5 LOT AREA .78 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/23/02
Pump Tank: 1000 Gallons; PT 283 Date 3/23/02
Pump Make: HYDRO Model SHEEP 50A1 Serial No. 7/01
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420
No Lines 6 at 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump - PM - 25% Reduction
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 5 No. Employees ____

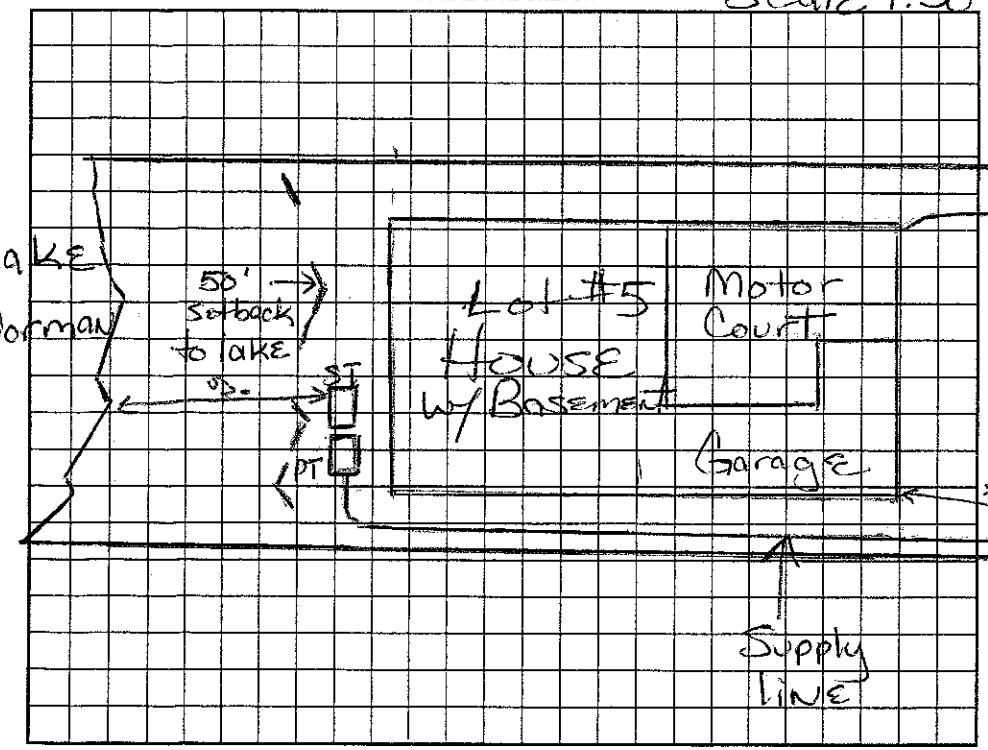
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

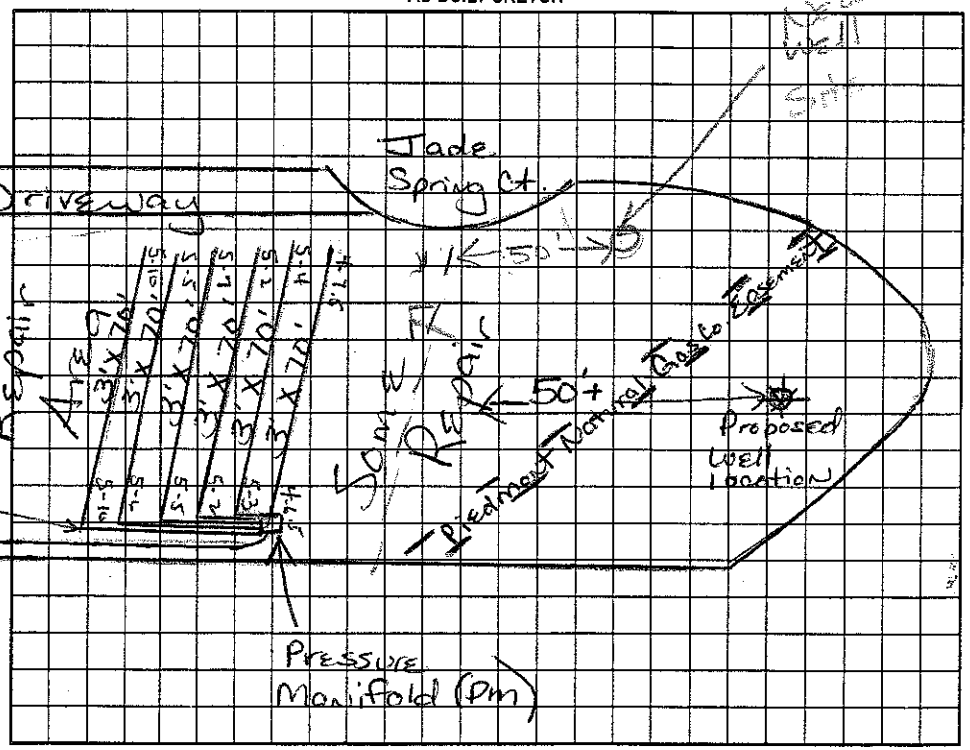
Comments:/Conditions: Keep Septic System at least 10' From PL, 50' From lake & 50' From ANY well. Keep water line 10' From Septic System.

Comments:/Conditions: Pump & Filter installed. Tanks & lines checked by W.S. Pres., elect. & alarm checked by M.D.

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: G. M. Kothadia date _____ Installed by: Levan Boston

Improvement Permit by: Maria H. Dolan R.S. date 11/29/2000 Operation Permit by: Maria H. Dolan R.S. date 8/29/2002

Authorization to Construct by: Maria H. Dolan R.S. date 11/29/2000 Existing System Inspection by: _____ date _____

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