IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082244 PIN# 4645218446

OWNER OR CONTRACTOR Alton Key DATE 7/29/99

ADDRESS 340 Wilson Ave, Mooresville NC 28115 PHONE: Business _____ Home 704/662/6773

LOCATION Alcove, TR Langtree, TR Gudger, 2nd on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT — LOT AREA 1.00 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 – .30

Septic Tank: 1000 Gallons; STB 925 Date 11/4/00

Pump Tank: 1000 Gallons; PT 30" Date 12/2/99

Pump Make: ZOELLER Model N98B Serial No. 11/36/99

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 4@80 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: 2530 Redex, Pump, PM

Repair System Description: 5030 Redex, pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

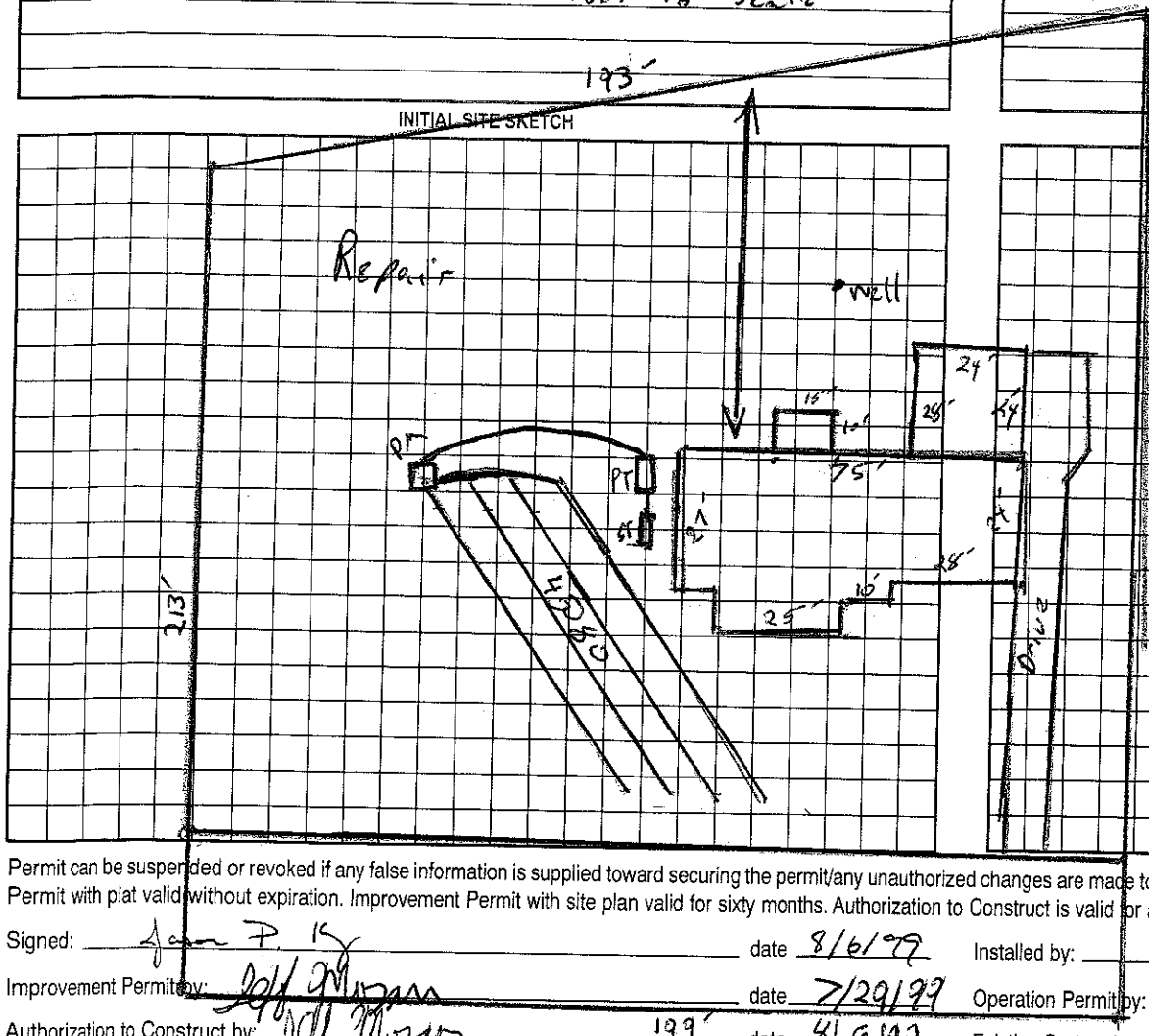
Water Supply: ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: Not to Scale

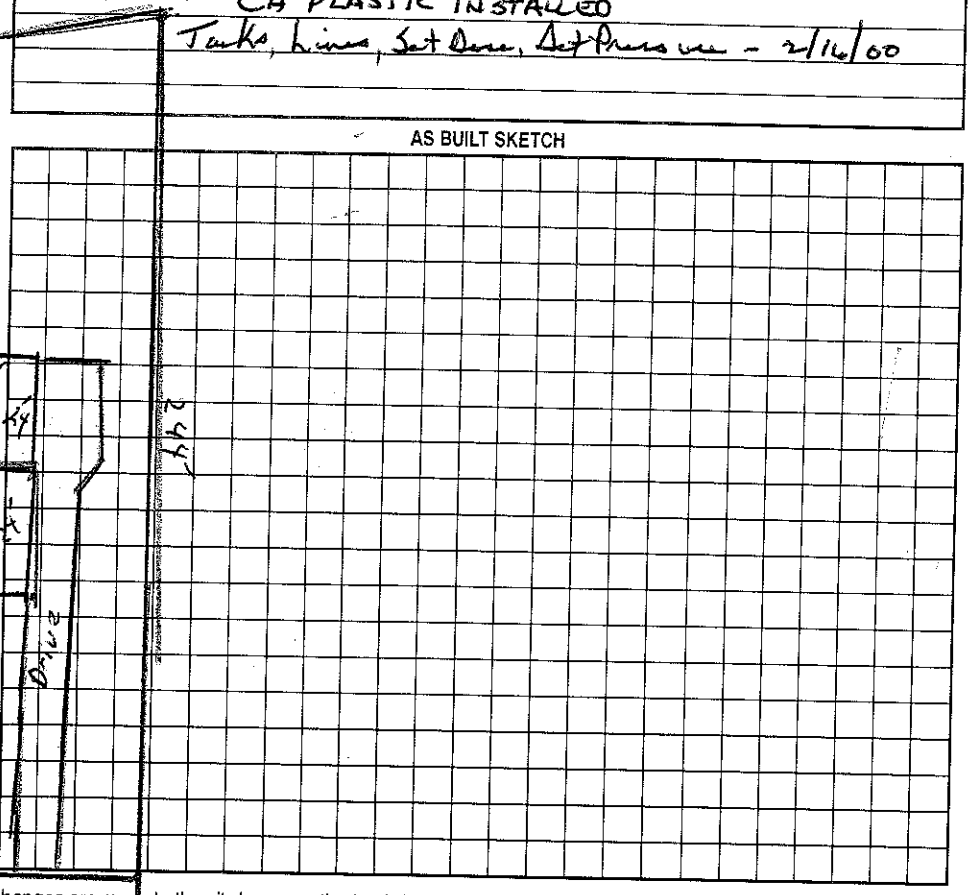
Comments:/Conditions: CH PLASTIC INSTALLED

Tanks, Lines, Set Down, Test Pressure - 2/16/00

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 8/6/99 Installed by: Rowan Septic Tanks

Improvement Permit by: _____ date 7/29/99 Operation Permit by: _____ date 4/3/00

Authorization to Construct by: _____ date 8/6/99 Existing System Inspection by: _____ date _____

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