IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088904 PIN# 4645391672 DATE 5-4-2000

OWNER OR CONTRACTOR Carol Craig PHONE: Business _____ Home 664-5841

ADDRESS 130 Heritage Place Mooresville, NC 28115

LOCATION Alove Rd TR Templeton TR Quail Ridge TL Sumter on right

SUBDIVISION Templeton Est BLOCK / SECTION _____ LOT 13 LOT AREA .82 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .37

Septic Tank: 1000 Gallons; STB 794 Date 4/25/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1206 Linear Feet 402
No Lines 6 at 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction *
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☐ No

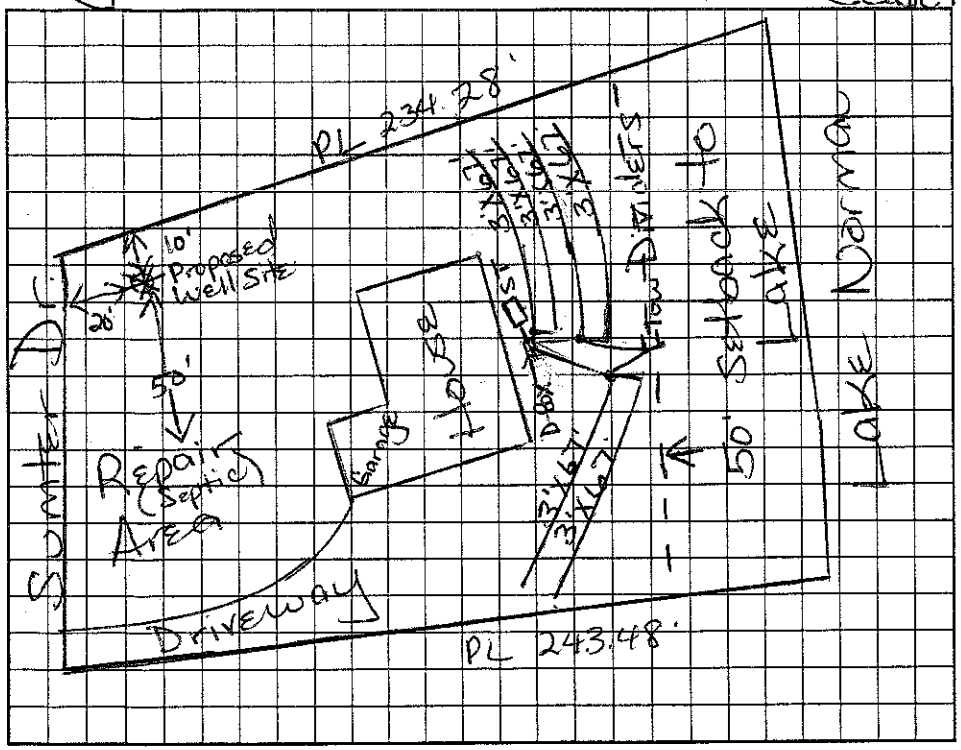
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

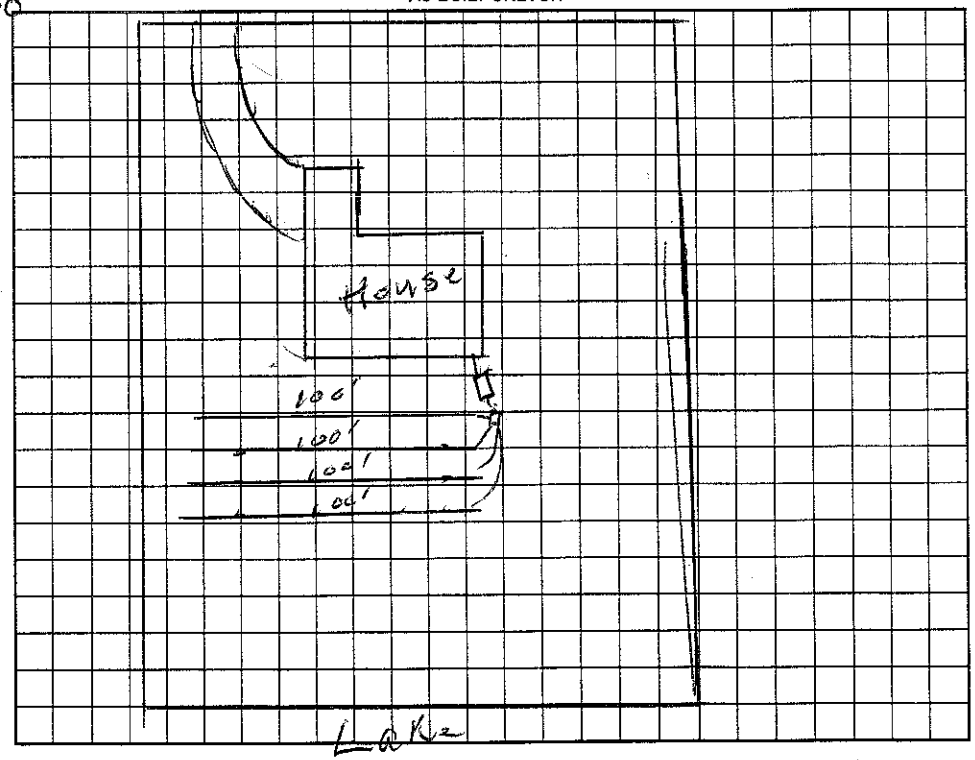
Comments/Conditions: Distribution of Drainfield to D-Box & then to 3 Separate Flow Dividers, feeding 2 lines Each. Stay 10' from PL 85' from house with Septic System.

Comments/Conditions: Maintain 50' setback from lake with Septic & 50' from any well. *25% Reduction in Drainfield Area

INITIAL SITE SKETCH Scale 1:60



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: Carol Craig date 5/5/2000 Installed by: FJ Ervin

Improvement Permit by: Maria H. Dotson RS date 5/4/2000 Operation Permit by: _____ RS date 5/31/01

Authorization to Construct by: Maria H. Dotson RS date 5/4/2000 Existing System Inspection by: _____ date _____

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