IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# ~~1009079~~ 10090 PIN# 4646 09 5131 ~~4646 09 6720~~ DATE 6/25/01

OWNER OR CONTRACTOR Nancy Coffey PHONE: Business _____ Home _____

ADDRESS 121 Webbed Foot Mooresville, NC. 28117

LOCATION 1100 TL Concord Rd. L on Regency on (L) before 2ND Shalimar

SUBDIVISION Regency Lake BLOCK / SECTION D LOT 5 LOT AREA .34 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 160 Date 2/16/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 771 Linear Feet 257

No Lines 4 @ 64 Trench Width 3' Max Trench Bottom Depth 3

☒ New System ☐ Repair System Type: I (II) III IV, V, VI

System Description: GRAV-EZ FLOW "CHAMBER PLASTE

Repair System Description: 16" PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

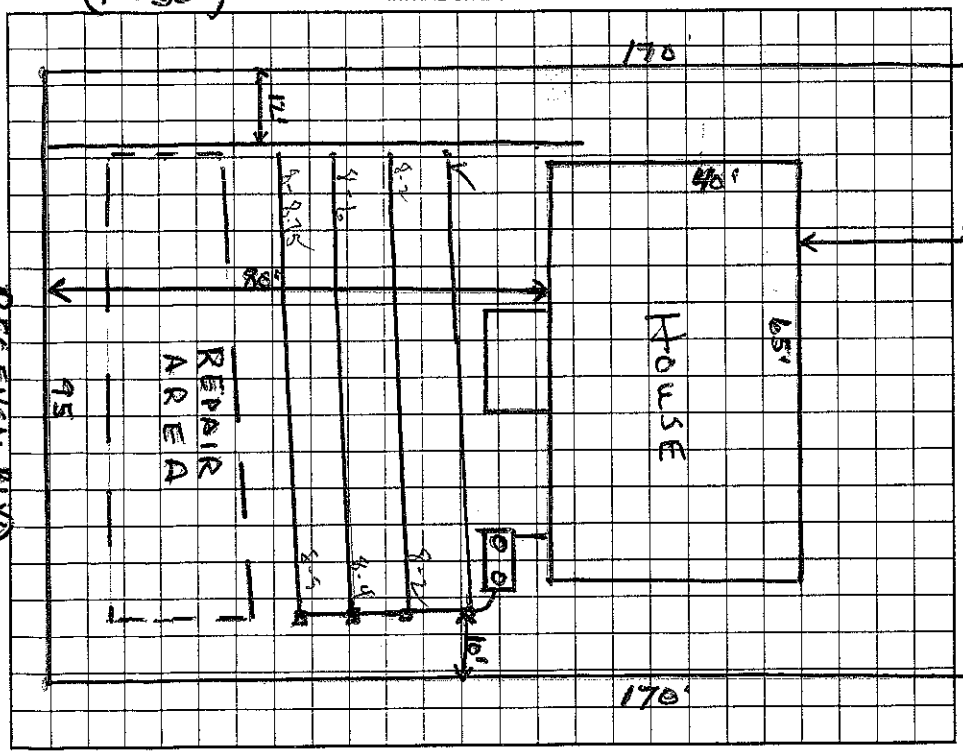
Comments:/Conditions:

Comments:/Conditions: ~~Expires 6/25/06~~ - 6' Sections

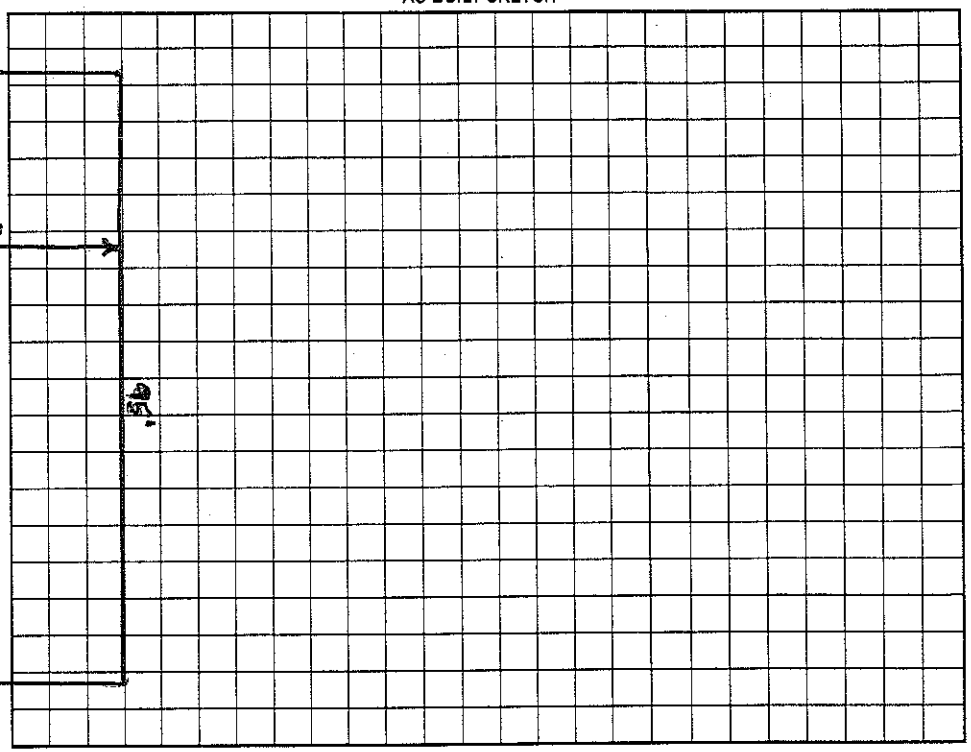
Bio Diffusers installed

(1" = 30')

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: *Nancy K Coffey date 6/25/01

Improvement Permit by: Wesley Sparks R.S. date 6/25/01

Authorization to Construct by: Wesley Sparks RS date 6/25/01

Installed by: Dennis Lemburger

Operation Permit by: Wesley Sparks R.S. date 5/31/06

Existing System Inspection by: _____ date _____

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