11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# N/A 4164618 3139 DATE 7-18-03

OWNER OR CONTRACTOR Mike Kidd PHONE: Business 634-7284 Home 660-3939

ADDRESS 463 Sundown Mooresville, NC. 28117

LOCATION Williamson Rd TR Sundown at end #461

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: ~~Existing~~ Gallons; STB 312 Date 4-13-03
Pump Tank: 1000 Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth ~~18~~-24" Gravel Depth N/A

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

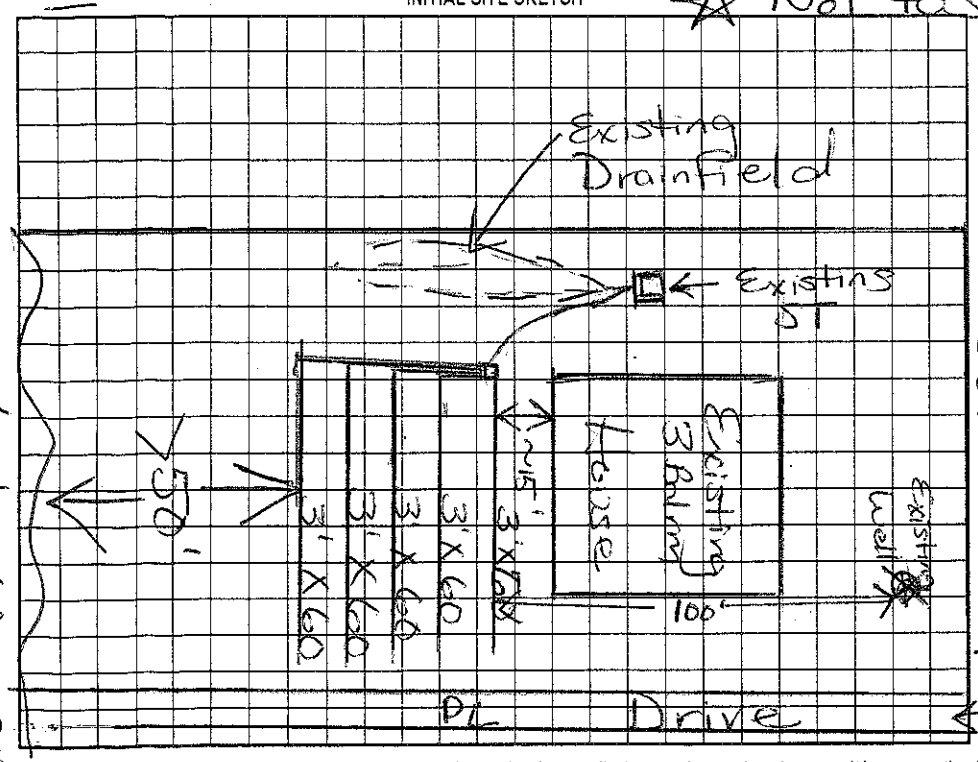
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual Share
☐ Public
☐ Community

Comments:/Conditions: * Keep Septic Drainfield Shallow. Better soil is shallower. Keep Septic System at least 5' from PL, 100' from well & 50' from lake.

Comments:/Conditions: Note: Drainlines > 50' to lake, 100' to well casing Grey filter installed

INITIAL SITE SKETCH * Not to Scale



AS BUILT SKETCH

Installed "Plastic Chambers as Drawn

Abandoned & Fill old tank.

Property line in middle of shared drive

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 _____ Installed by: Mike Kidd

Improvement Permit by: Maina H. Dotson RS date 7/21/03 Operation Permit by: Maina H. Dotson RS date 8/5/03

Authorization to Construct by: Maina H. Dotson RS date 7/21/03 Existing System Inspection by: _____ date _____

Repair

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