IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110701 PIN# 4646363484984696-35-4778 DATE 1-8-2003

OWNER OR CONTRACTOR May Randall (O'Grady Const.) PHONE: Business _____ Home _____

ADDRESS 197 Elysian Dr. Mooresville, NC 28117

LOCATION Williamson Rd TR Sundown TL Elysian on corner of Elysian & Zephyr Ln.

SUBDIVISION Moreland Est BLOCK / SECTION _____ LOT 12 LOT AREA .5 ± SITE CLASS PS DESIGN FLOW 240 gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 140'

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth N/A

☐ New System ☐ Repair System Type: I II III IV V VI

System Description: Exist Gravity Panel

Repair System Description: Gravity Panel

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other Adding Studio

Water Supply: ☒ Individual ☐ Public ☐ Community

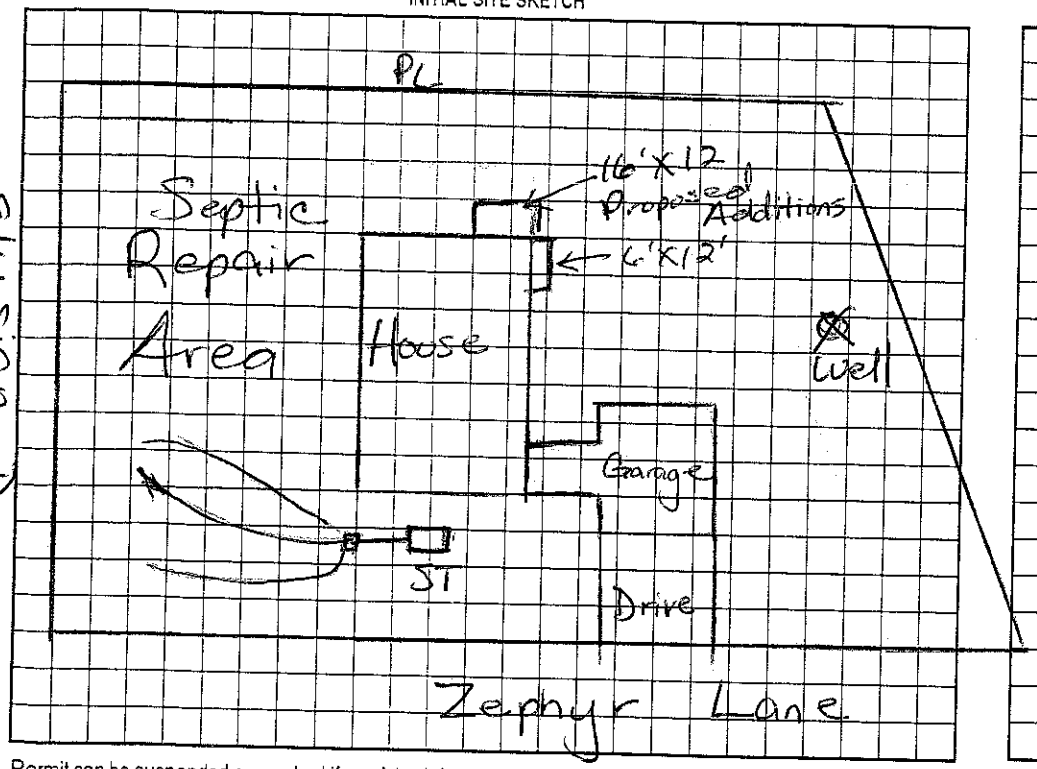
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Exist

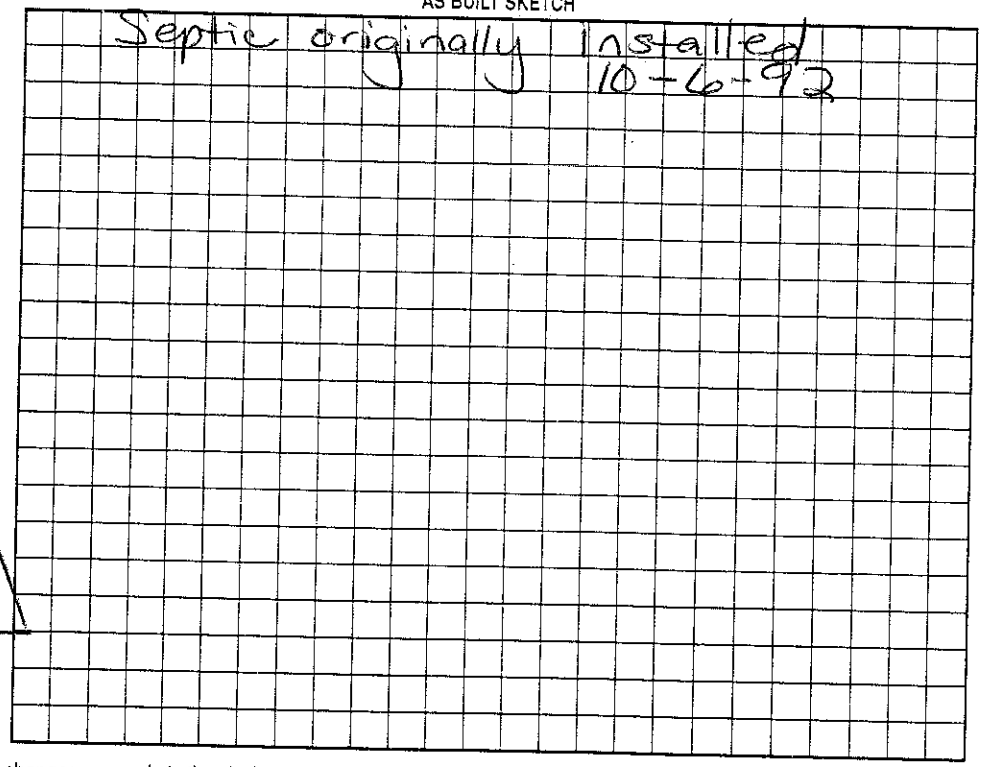
Comments:/Conditions: Existing Septic appears to be Functioning Okay at time of inspection; no problems noticed.

Comments:/Conditions: Note: Studio MUST have "Cased" Entry ~~Not~~ — Closing door. ~~Septic~~ Sized for 2 Bedrooms only, Must not exceed

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: ☒ May Randall date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson R.S. date 1/8/2003 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson R.S. date 1/8/2003

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