IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131751 PIN# 4646771409 DATE 11-4-05

OWNER OR APPLICANT Mike Julian PHONE: Business 704-309-2957 Home 704-658-0054

ADDRESS 140 old Arborway Rd. Mooresville 28117

LOCATION Brawley Sch Rd. TL Gibbs Rd. on right

SUBDIVISION Gibbs Cove BLOCK / SECTION ____ LOT 54 LOT AREA .732 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1000 Date 11-1-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: LP Pane
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

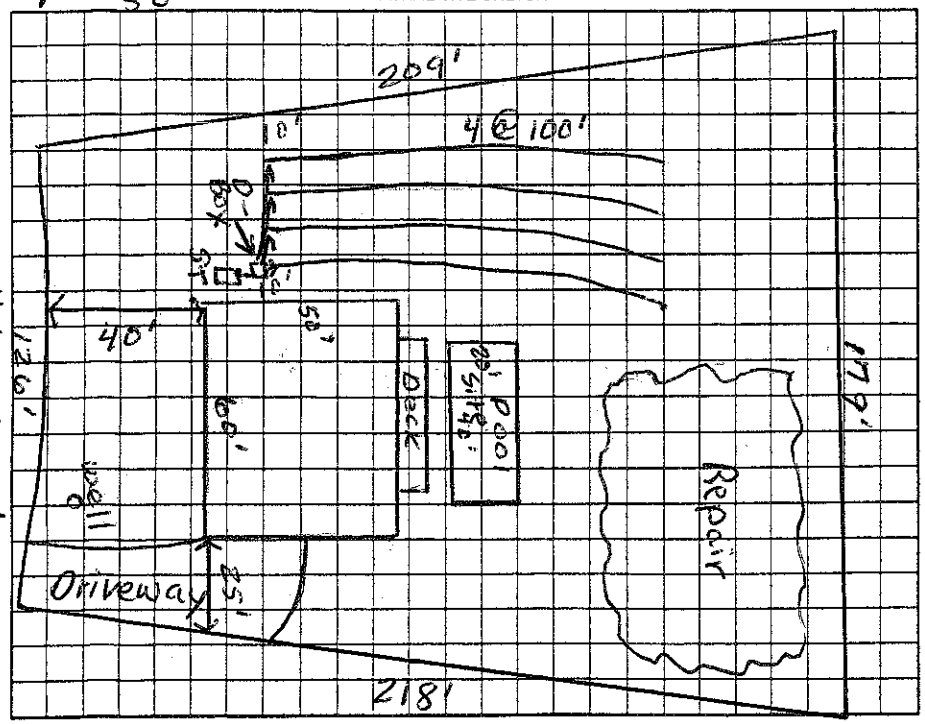
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
D-Box w/ speed Levelers

Comments:/Conditions:
Gray Label filter

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 Standard Chamber as per initial site 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: [signature] date 11-7-05 Installed by: A+S Grading

Improvement Permit by: Judy Melville date 11-7-05 Operation Permit by: Judy Melville date 1-27-06

Authorization to Construct by: Judy Melville date 11-7-05 Existing System Inspection by: ____ date ____

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