IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid MOORESVILLE 704-664-5281 11.00

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

PERMIT# 1778 PIN# 4646772972 DATE 9-7-2001

OWNER OR CONTRACTOR John & Lydia Cherry PHONE: Business _____ Home 663-1831

ADDRESS 112 Creekview Rd. Mooresville, NC 28117

LOCATION Brawley School Rd TL Gibbs Rd go past Apple Blossom on right

SUBDIVISION Gibbs Cove BLOCK / SECTION _____ LOT 57 LOT AREA .985 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-4-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

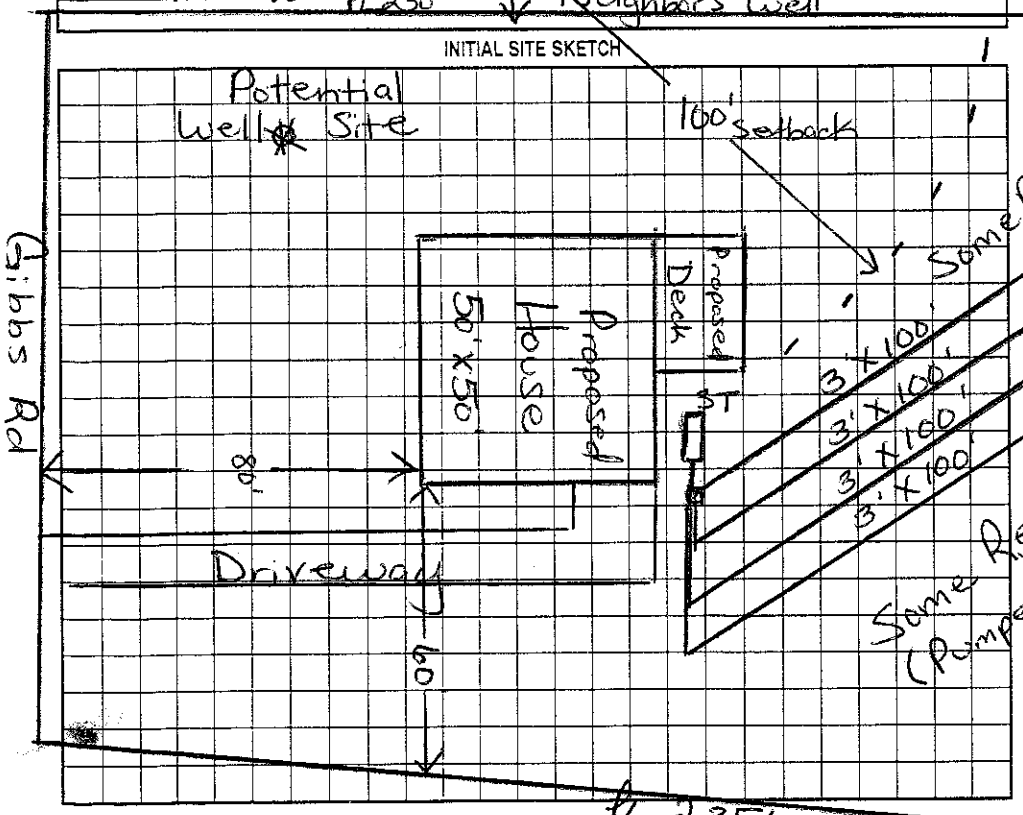
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

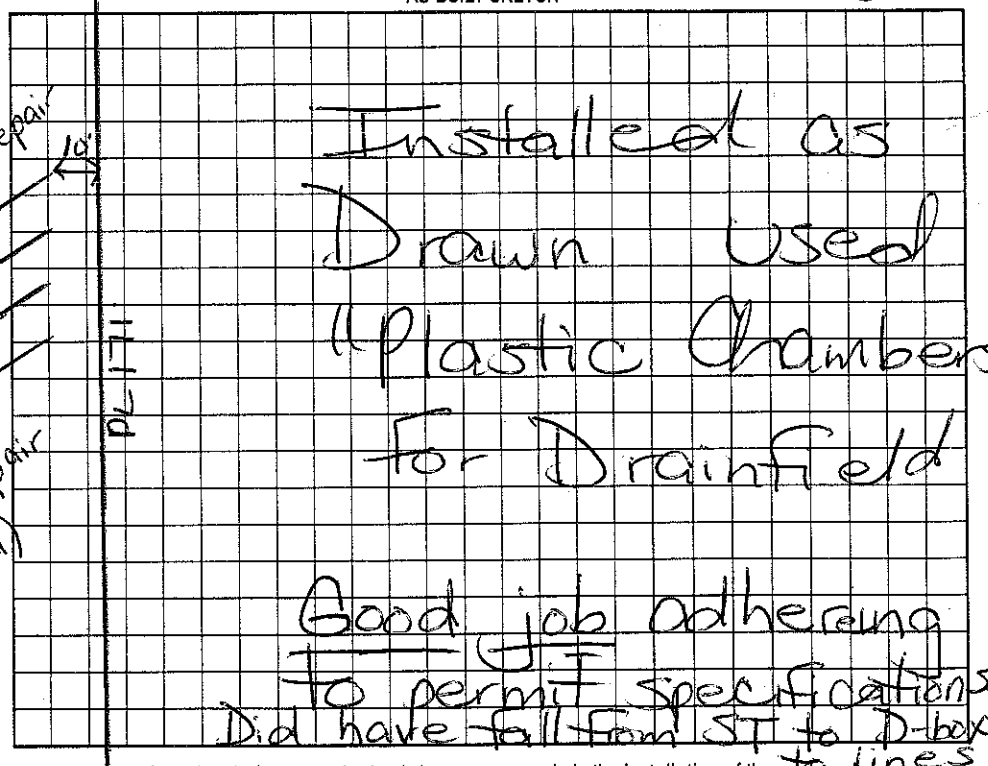
Comments:/Conditions: Keep Septic System at least 10' from PL.

Comments:/Conditions: Must stub out plumbing high to keep gravity flow. Okay to feather off old berms however excessive grading will result in "pumped system."

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: _____ date 9/10/2001

Improvement Permit by: Maria H.H. Dotson RS. date 9/10/2001

Authorization to Construct by: Maria H.H. Dotson RS. date 9/10/2001

Installed by: Mike Kidd

Operation Permit by: Maria H.H. Dotson RS. date 2/26/2002

Existing System Inspection by: _____ date _____

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