IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075563 PIN# 4648444 736 DATE 1/28/99

OWNER OR CONTRACTOR TAMMY ADAMS PHONE: Business _____ Home _____

ADDRESS 178 OAK TREE RD. MOORESVILLE NC 28117

LOCATION 150 W. TR BLUEFIELD - TL BIG INDIAN LOOP - TR AT LOOP - ON LT ~ 1/4 mile

SUBDIVISION INDIAN HILL BLOCK / SECTION 2 LOT 23 LOT AREA 1.16 AC SITE CLASS. RS DESIGN FLOW 450 GPD L.T.A.R. .30 / .40 / EF2

Septic Tank: 1000 Gallons; STB 1012 Date 1/24/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CHAMBERS OR MOS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

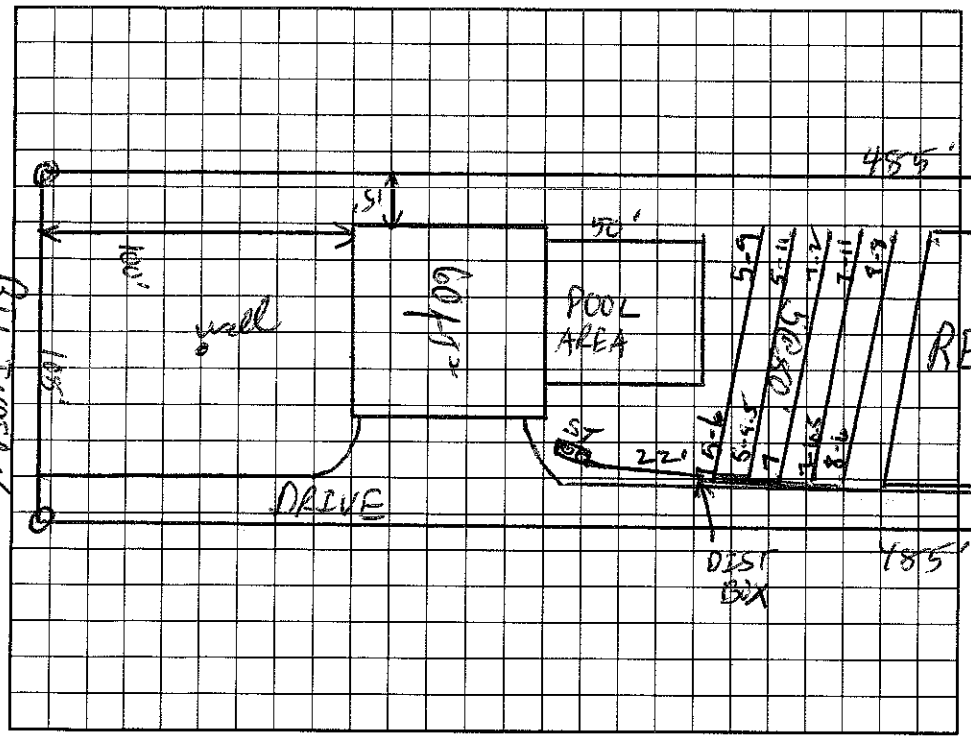
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

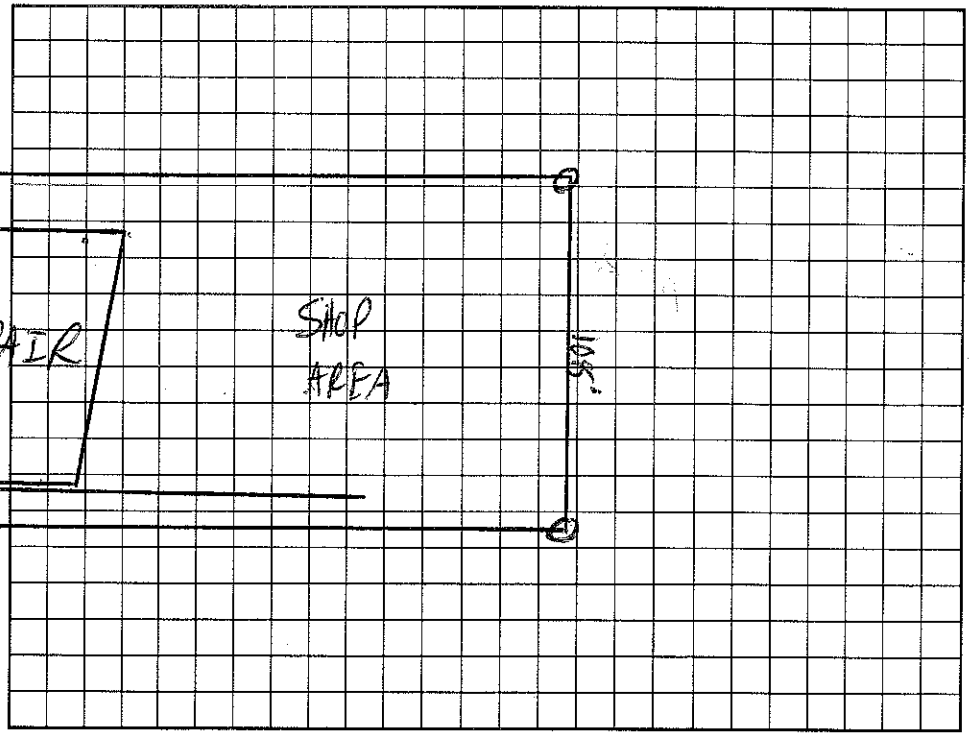
Comments:/Conditions: KEEP POOL 15' FEET FROM ANY PART OF SEPTIC AREA.

Comments:/Conditions:

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: Tami Adams date 1-29-99 Installed by: Tommy Frye

Improvement Permit by: C. [signature] RS date 1/28/99 Operation Permit by: Wesley Sparks RS. date 10/19/99

Authorization to Construct by: C. [signature] RS date 1/28/99 Existing System Inspection by: _____ date _____

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