IREDELL COUNTY HEALTH DEPARTMENT

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

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

4:30

PERMIT# 23925 PIN# 3F A 104 4649 62413

OWNER OR CONTRACTOR James Lowell Moore DATE 2/3/98

ADDRESS 379 Fern Hill Rd Troutman, NC. 28166 PHONE: Business _____ Home 528-5258

LOCATION South N TR Fern Hill TL Carlyle on (L) just past Judes Rd.

SUBDIVISION Michael C Moore BLOCK / SECTION _____ LOT 1 LOT AREA 1.78Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 5/1/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Conventional - Drop Boxes

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

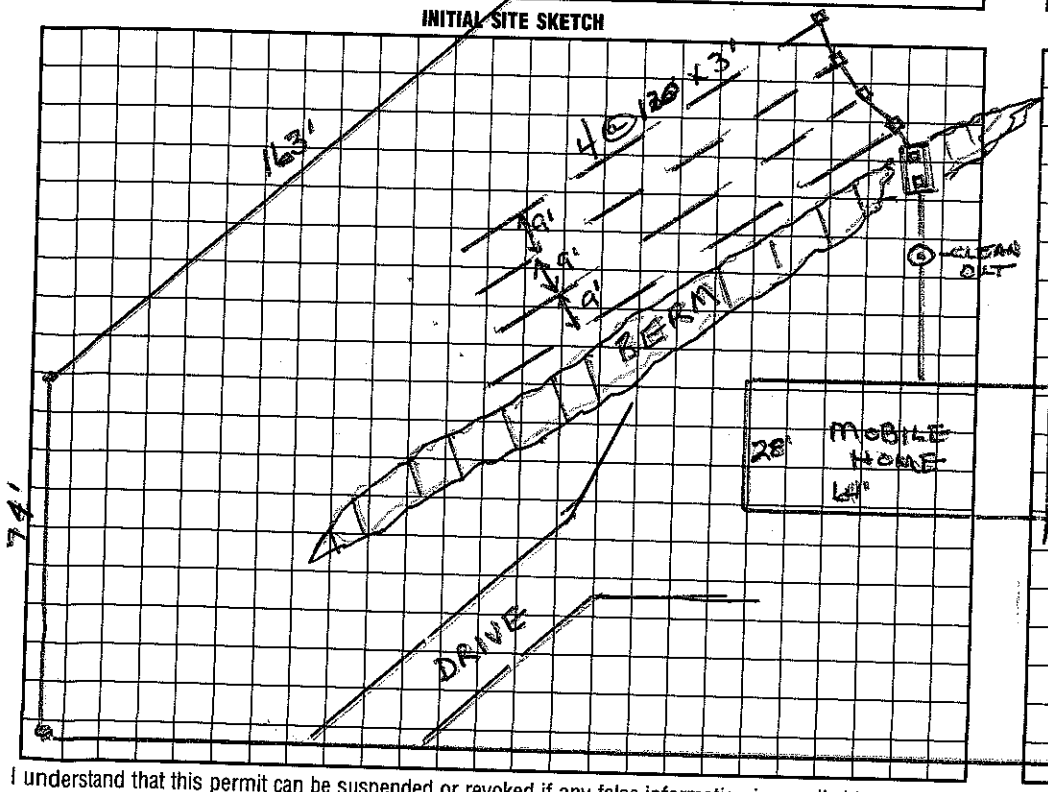
Comments:/Conditions:

313

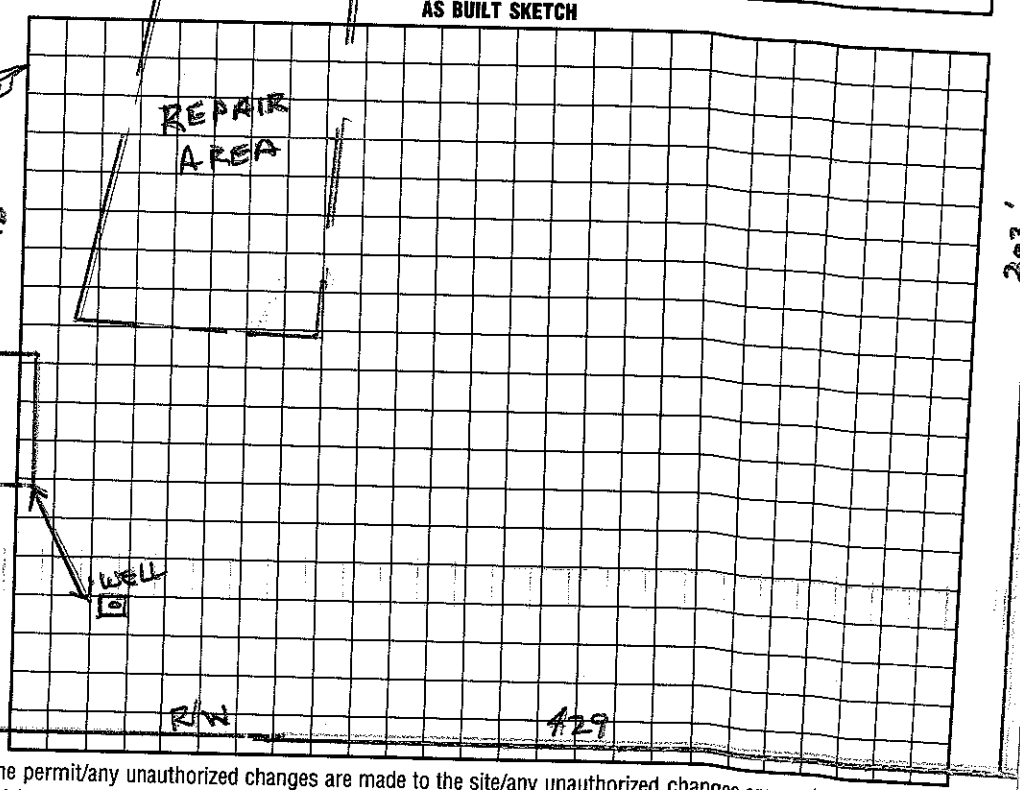
Comments:/Conditions:

(LOWER TWO LINE CHECKED)

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

CARLYLE RD.

Signed: * James L Moore date 2/6/98

Improvement Permit by: Wesley Sparks RS. date 2/3/98

Authorization to Construct by: Wesley Sparks RS. date 2/3/98

Installed by: WAYNE CLONTZ

Operation Permit by: C. Ray Zorn RS date 6/8/98

Existing System Inspection by: _____ date _____

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