IREDELL COUNTY HEALTH DEPARTMENT

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

Repair 4:00 Type 3

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

PERMIT# N/A – (Repair) PIN# N/A 4649 26 1856 DATE 6/6/2000

OWNER OR CONTRACTOR Joseph Moore Jr PHONE: Business _____ Home 528-5258

ADDRESS 379 Fern Hill Rd

LOCATION Hwy 150 W. TR Perth Rd TR Fern Hill Rd across from intersection with Carlyle Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 50'

No Lines 50'x9' Trench Width 9' Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: ☐ I ☐ II ☐ III Plastic Chambers

System Description: ~~Gravity Conventional~~

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

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

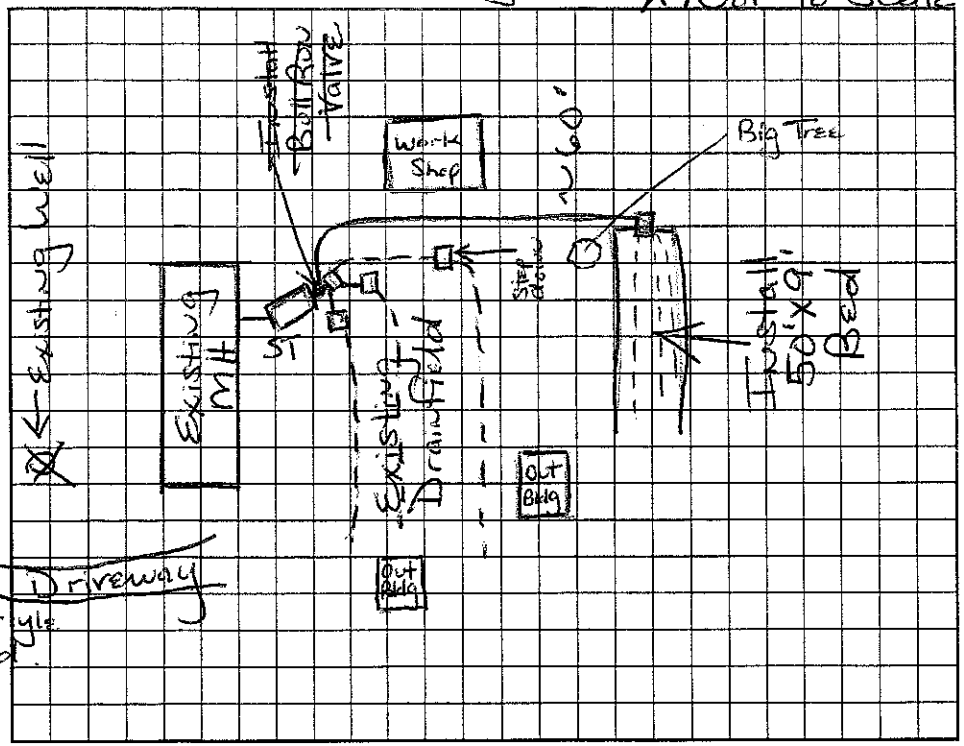
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install Bull Run valve to switch between Existing Drainfield & New Drainfield. Install 50'x9' Bed. (Conventional) (Divert Stormwater away from Drainfield)

INITIAL SITE SKETCH ★ Not to Scale



Comments:/Conditions: Original system installed 1980. Installed 3 Plastic Chamber lines in Bed. No "Bull Run Valve" feed directly to New Drainfield

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: X Joseph Moore Jr date _____ Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dotson RS date 6/6/2000 Operation Permit by: Maria H. Dotson RS date 4/23/2001

Authorization to Construct by: Maria H. Dotson RS date 6/6/2000 Existing System Inspection by: _____ date _____

(Repair)

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