10:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 70[illegible]-5305 MOORESVILLE 704-664-5281

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

PERMIT# 141382 PIN# ~~4654678356~~ 4654 67 5489 DATE 9-10-07

OWNER OR APPLICANT Jerry Archer PHONE: Business 704-894-2090 Home 704-663-6054

ADDRESS 355 Williamson Rd Mooresville NC 28117

LOCATION Hwy 115 S TL Presbyterian Rd on right 304 Presbyterian Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.2 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons: STB 312 Date 1-28-05

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model 1200 Serial No. 40

Nitrification Field: No Fields 1 Square Feet ~~4440~~ Linear Feet ~~480~~

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: conventional gravity

Repair System Description: conventional gravity or Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 6

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

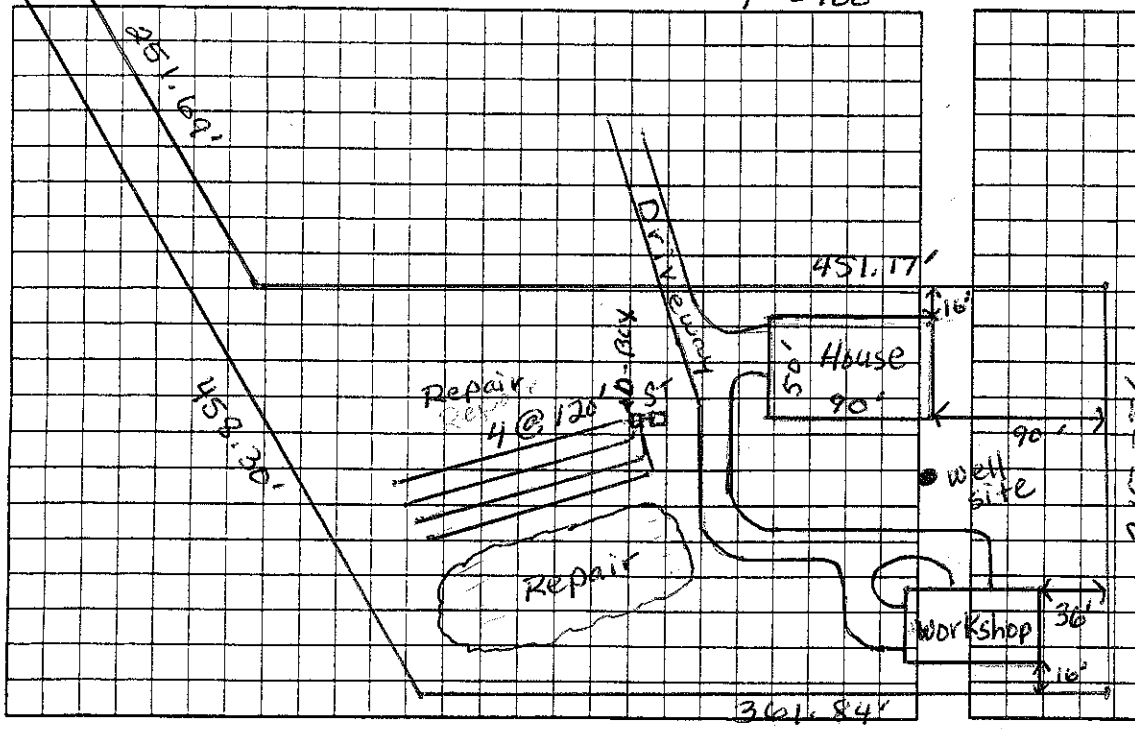
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Comments:/Conditions: ~~A~~ An accepted system may also be used

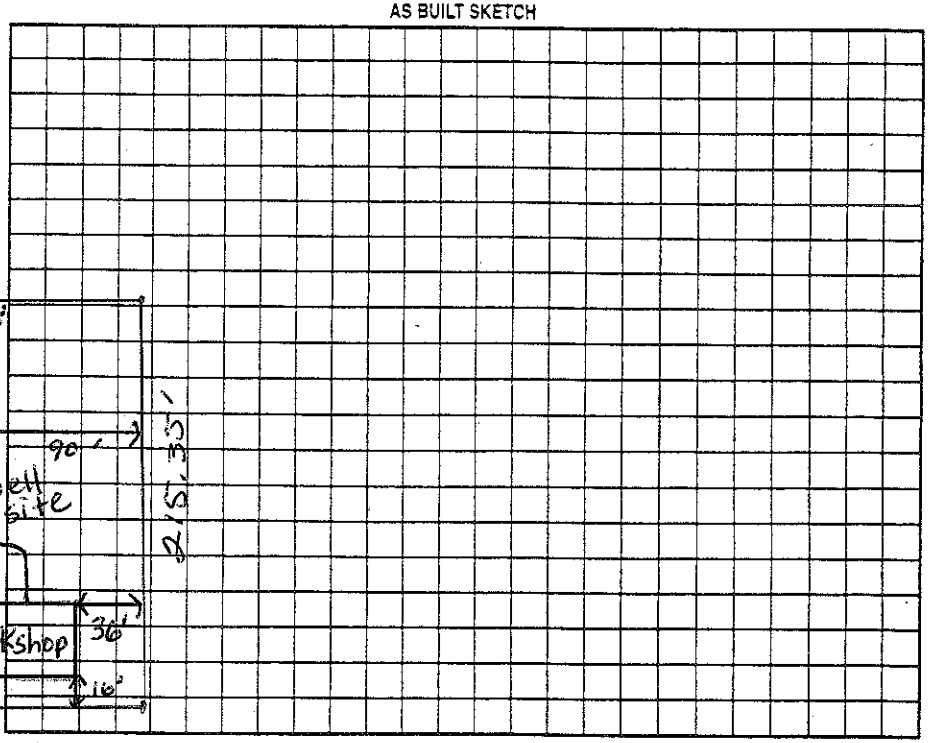
Comments:/Conditions: 3@133' Quick 4 used Drainfield use "built in" drop boxes

Presbyterian Rd

INITIAL SITE SKETCH 1"=100'



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: Jerry Archer date 9-17-07 Installed by: Richard Abernathy

Improvement Permit by: Judy McNeill date 9-10-07 Operation Permit by: Maintenance Johnson date 3/6/08

Authorization to Construct by: Judy McNeill date 9-10-07 Existing System Inspection by: _____ date _____

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