PIN# 4654-98-2350

2:00 - 2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136792 PIN# ~~4664284006~~ Martha (Builder) DATE 1-23-07

OWNER OR APPLICANT Jason Enders PHONE: Business 235-8211 Home 664-2277

ADDRESS 116 Gasoline Alley Mooresville, NC 28115

LOCATION Hwy 115 TL Presbyterian TR Davidson Ridge at end

SUBDIVISION Davidson Ridge BLOCK / SECTION ____ LOT 11/12 LOT AREA 1.7 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 1/24/07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18"

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

System Description: Gravity - 25% Reduction

Repair System Description: 25% to 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

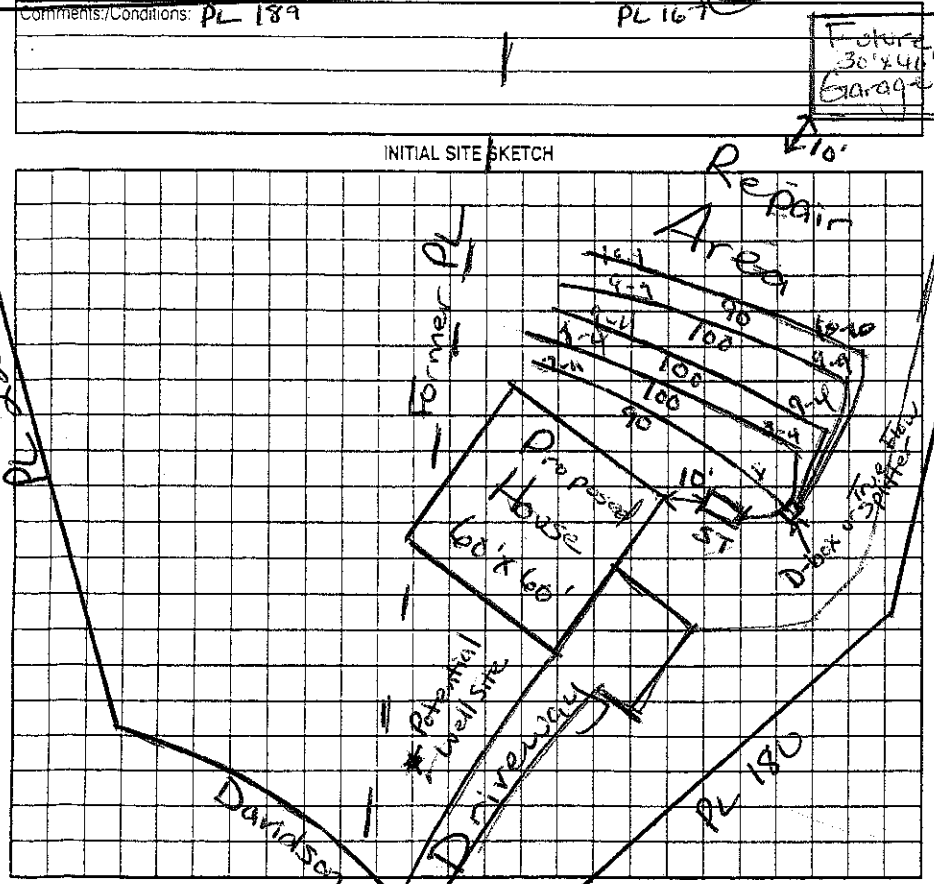
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: PL 189

Comments/Conditions: ★ IF 50% used for Repair than fill must be used on top of Drainfield to maintain 18" trench bottom.
★ Keep Septic System 15ft from any cut 2ft or greater.
Soil: CaO
Reviewed Building plans in Compliance with I.P.

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: Martha Landes date 1-23-07

Improvement Permit by: Maria H. Dotson RS date 1/23/07

Authorization to Construct by: Maria H. Dotson RS date 2/12/07

Installed by: FJ Sawin

Operation Permit by: Wesley Sparks RS date 6/12/07

Existing System Inspection by: ____ date ____

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