IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126380 PIN# 4655-94-4623 4655943590 DATE 2/16/05

OWNER OR CONTRACTOR Lisa Hardwick PHONE: Business _____ Home 704-892-4054

ADDRESS 133 Jamie-Wind Ct Mooresville NC 28115

LOCATION 115 S. TL Faith, TR Charity Ln, on Lt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 821 Date 5/2/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Pump Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

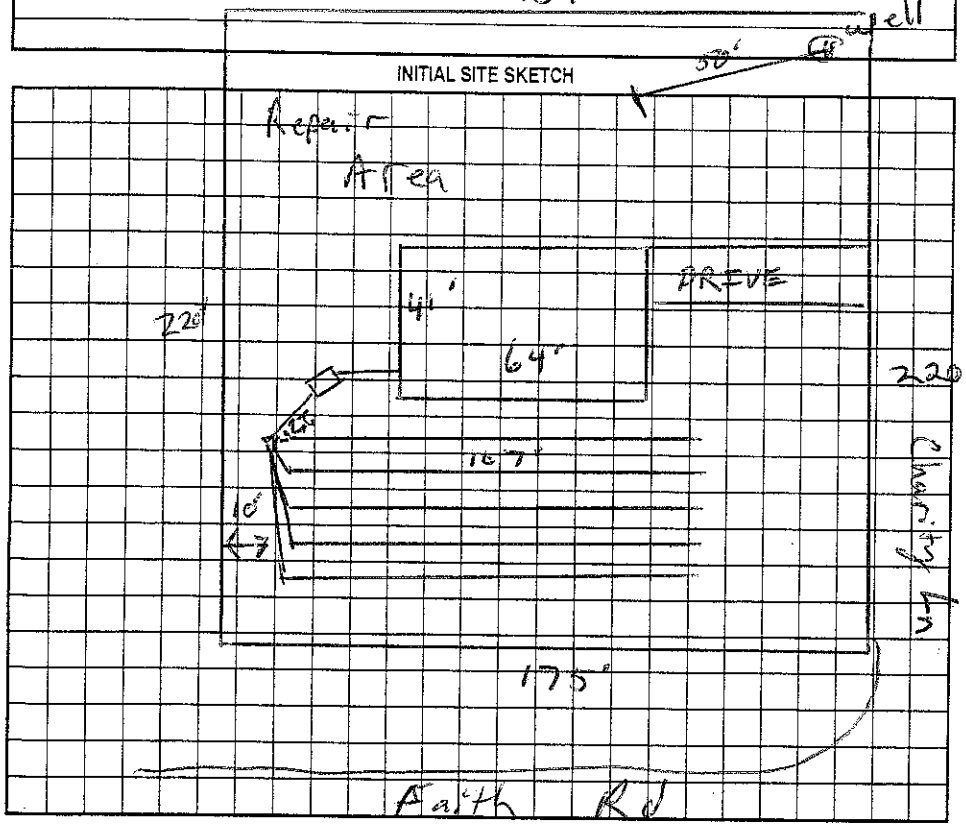
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Not to scale

INITIAL SITE SKETCH



Comments:/Conditions: Accepted System — 4@100' x 3'
Replacement Line installed

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: Kent Hardwick date 02-21-05 Installed by: Dorin Construction

Improvement Permit by: [signature] RS date 2/16/05 Operation Permit by: Wendy Sparks RS date 6/17/05

Authorization to Construct by: [signature] RS date 2/16/05 Existing System Inspection by: _____ date _____

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