IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid / MOORESVILLE 704-664-5281

3 3a

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

PERMIT# 124391 PIN# 4656 19 0253.002

OWNER OR CONTRACTOR AD Gingerich DATE 10/12/04

ADDRESS 445 Airpark Dr. Mooresville, NC. 28117 PHONE: Business _____ Home 704-662-8628

LOCATION 21 South TR Balmy L on Lazy Ln., on (R) turn end TR Blackburn, first house on R

SUBDIVISION No BLOCK / SECTION _____ LOT Tract 3 LOT AREA 1.51 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4/20/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth N/A

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

System Description: Septic → Type 3

Repair System Description: Pressure → 16" PP3BPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

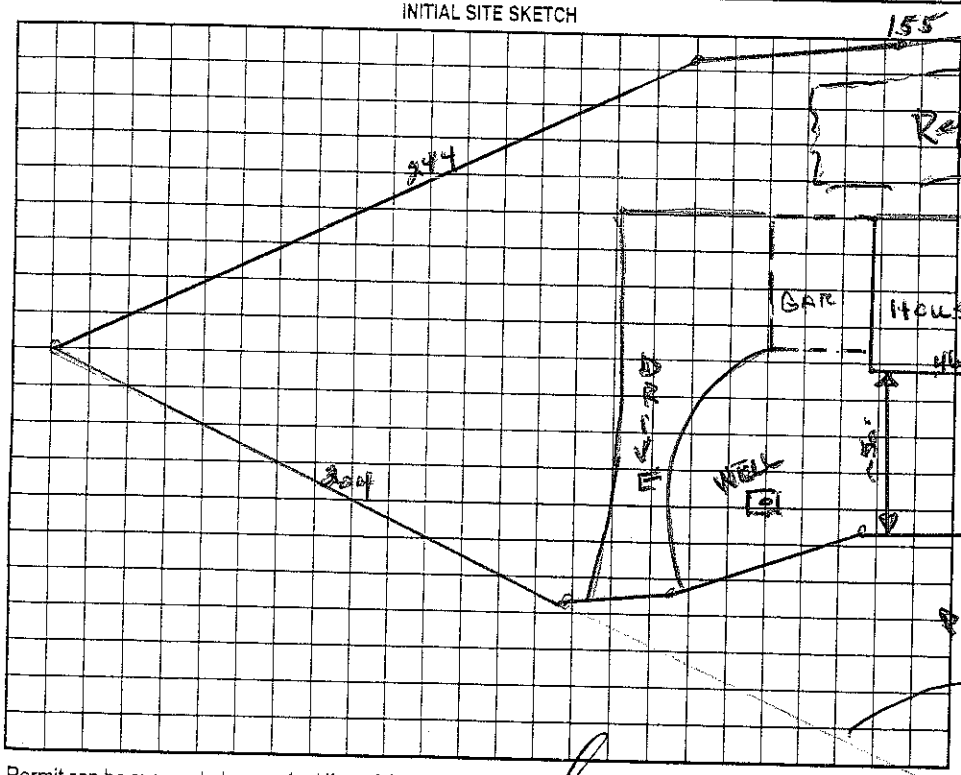
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

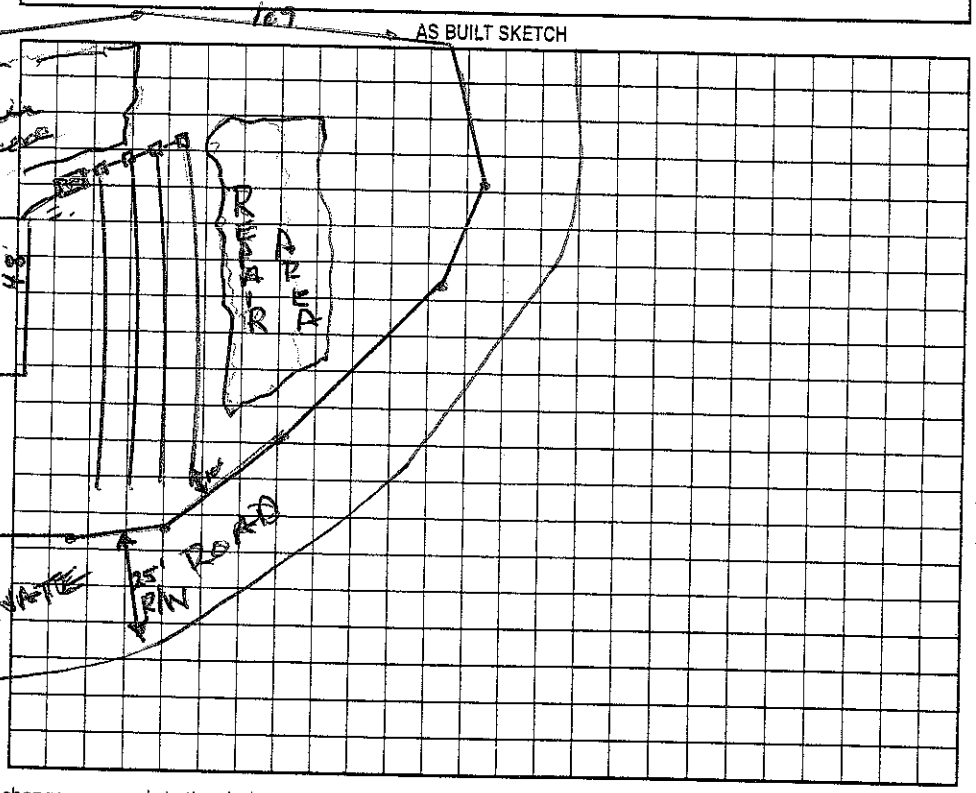
Comments:/Conditions:

Comments:/Conditions:

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: * date 11/16/04

Improvement Permit by: Wesley Sparks R.S. date 11/12/04

Authorization to Construct by: Wesley Sparks R.S. date 11/12/04

Installed by: Delbert Boston

Operation Permit by: Wesley Sparks R.S. date 6/30/05

Existing System Inspection by: _____ date _____

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