IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139535 PIN# 4656521306 DATE 3/14/07

OWNER OR APPLICANT Ralph Diggs PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 115 South, Left on Mackwood, down on the right - 166 Mackwood

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 794 Date 3/12/07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity -25% Reduction

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

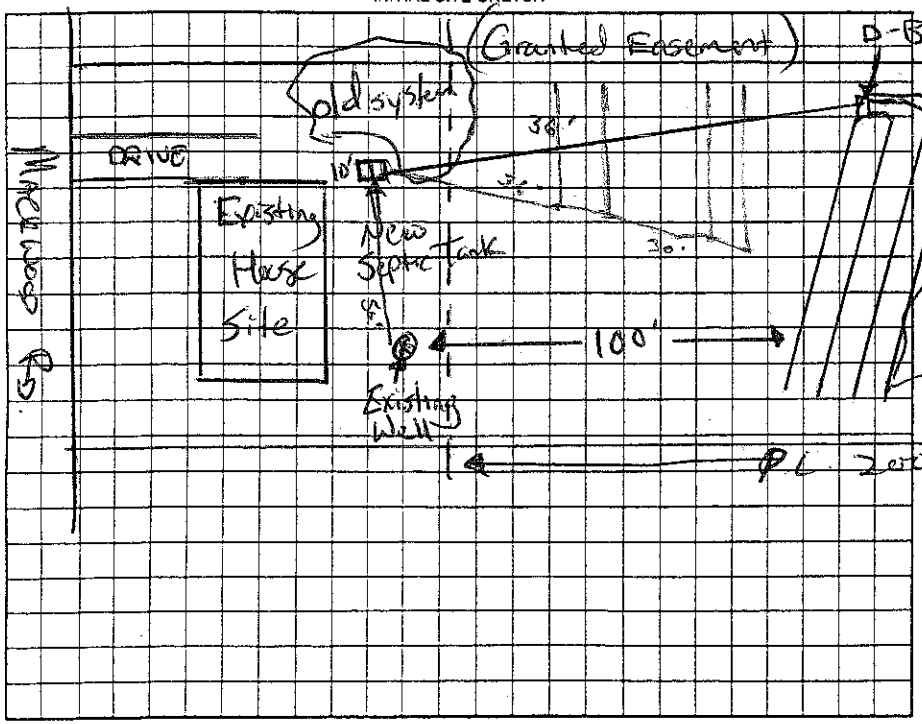
Water Supply: ☑ Individual (Existing on site) ☐ Public ☐ Community

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

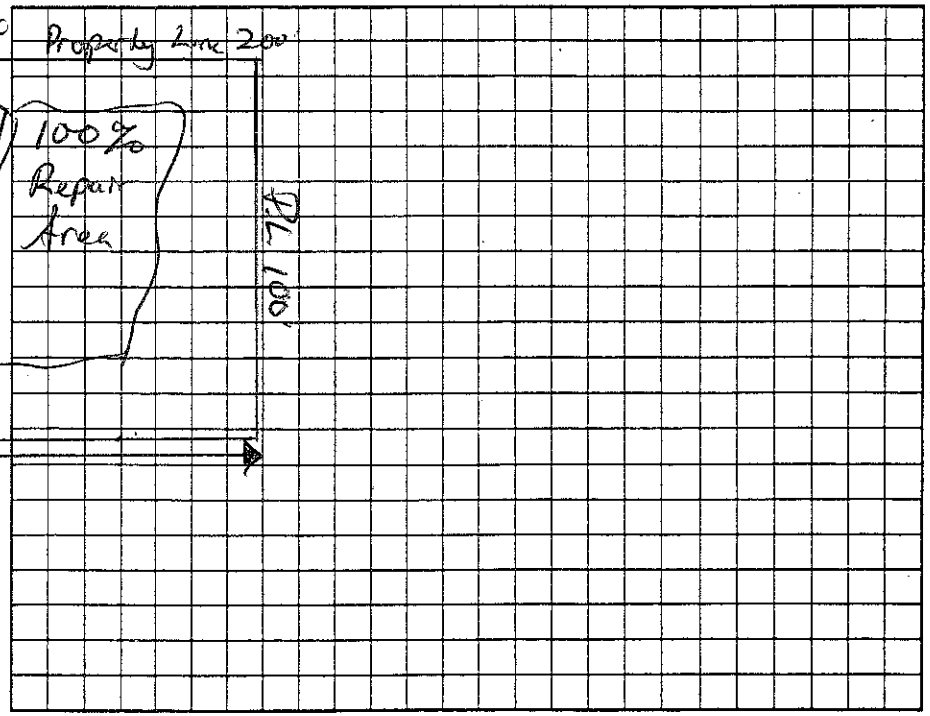
Comments/Conditions: Install 4 lines @ 75' each on contour, minimum 100' from existing well. Fill old septic tank with dirt and cover.

Comments/Conditions: 18, 14, 22, 21

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: Ralph D. Diggs date 3/16/07

Improvement Permit by: Jon E Culp date 3/15/07

Authorization to Construct by: Jon E Culp date 3/15/07

Installed by: Larry Beam

Operation Permit by: Wesley Sparks E.S. date 4/20/07

Existing System Inspection by: _____ date _____

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