IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2198/108990 PIN# 4657592871 / 4657906447 DATE 6/24/2002

OWNER OR CONTRACTOR Christine Allen PHONE: Business 663-2003 Home 663-2033 Dennis (Builder)

ADDRESS 126 Red Dog Rd Mooresville, NC 28117

LOCATION Hwy 150 TL Rhinehardt Rd TL Red Dog (gravel road by mailboxes) go past South Tower on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. RS DESIGN FLOW 400g L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1007 Date 7-12-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'

No Lines 1@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity-25% Reduction

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other Horse Barn

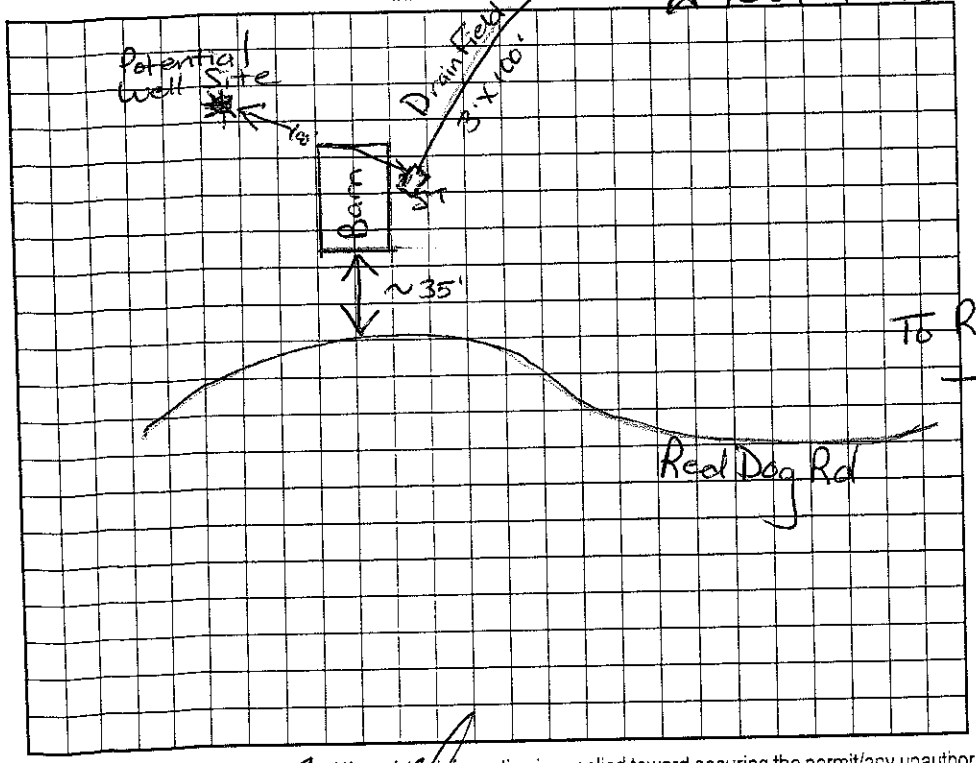
X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 5' from building & 100' to well. Keep well at least 25' from building.

Comments:/Conditions: Polylok filter installed

INITIAL SITE SKETCH ☆ Not to Scale



AS BUILT SKETCH

Installed as Drawn
Used 4" Bio diffuser

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 9-24-02 Installed by: Problem Solvers

Improvement Permit by: Maina H. Dotson RS date 6/24/02 Operation Permit by: Maina H. Dotson RS date 9/25/02

Authorization to Construct by: Maina H. Dotson RS date 6/24/02 Existing System Inspection by: _____ date _____

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