IREDELL COUNTY HEALTH DEPARTMENT

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

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

130.00 Paid

PERMIT# 116120 PIN# 4657792390 Cell (Martha) DATE 10/16/03

OWNER OR CONTRACTOR Martha Landis PHONE: Business 232-0310 Home 664-7220

ADDRESS 285 Morrowfield Place Mt. Vlg, NC 28125

LOCATION Rhinehart Rd turn into Ketchie Acres on left (2nd lot)

SUBDIVISION Ketchie Acres BLOCK / SECTION ____ LOT 25 LOT AREA .97 Acre SITE CLASS. R5 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9-1-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields* 1 Square Feet 900' Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair 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. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

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

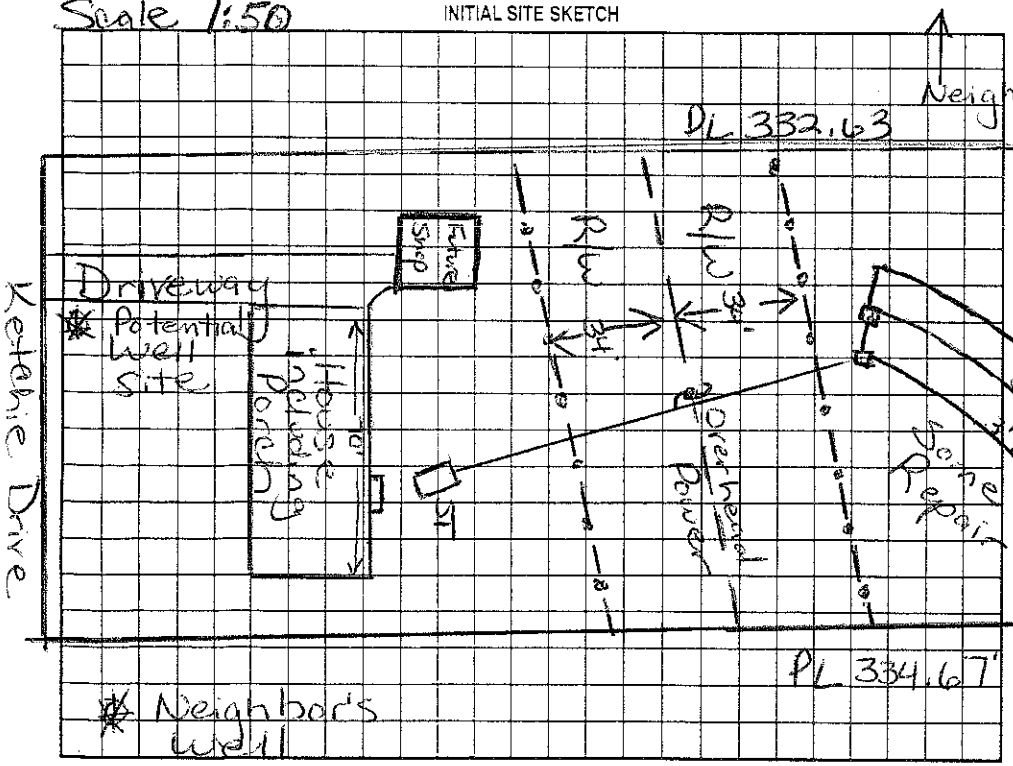
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Please Septic System at least 10' From PL & 100' From Drainfield to any well.

Comments:/Conditions: ☆ 25% Reduction = Plastic Chambers or EZ Flow

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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 S Landis date 10-21-03 Installed by: E.J. Ervin RS

Improvement Permit by: Maria H. Dobson RS date 10/17/03 Operation Permit by: Maria H. Dobson date 10/18/04

Authorization to Construct by: Maria H. Dobson RS date 10/17/03 Existing System Inspection by: ____ date ____

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