IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 137.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 120750 PIN# ~~4658-63-6936~~ 4658 63 69360 DATE 6/16/04

OWNER OR CONTRACTOR Michael Thompson PHONE: Business _____ Home _____

ADDRESS 120 Ashcraft Dr. Mooresville NC 28115

LOCATION 21 N, TR Glory Rd Near End on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.78 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1012 Date 7/8/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 774 Linear Feet 255
No Lines 3 @ 86 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduct.
Repair System Description: PM 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

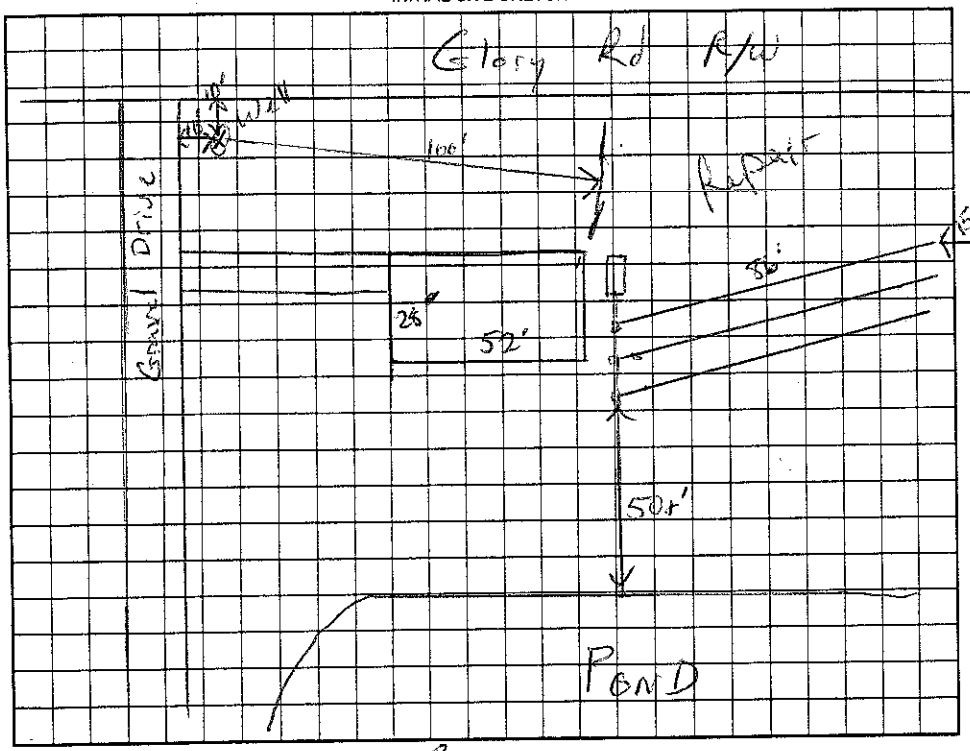
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

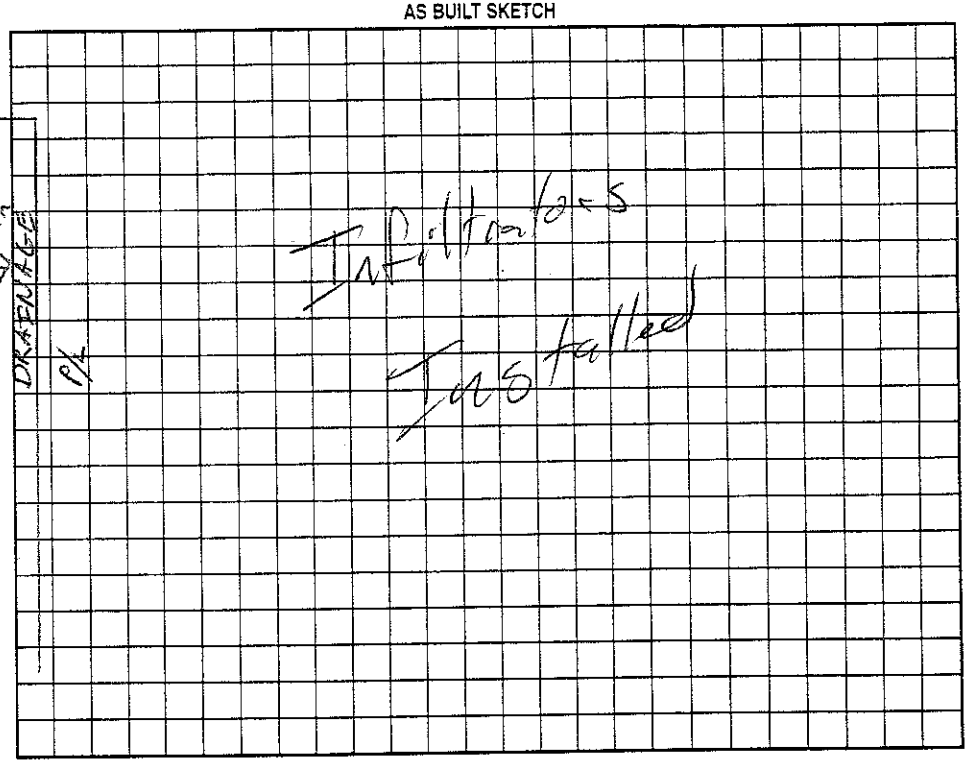
Comments:/Conditions: Septic System must be 100' from well
Install Lines on Contour - Not to Scale

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 6/17/04 Installed by: Craig Thompson

Improvement Permit by: _____ date 6/16/04 Operation Permit by: _____ date 7/9/04

Authorization to Construct by: _____ date 6/16/04 Existing System Inspection by: _____ date _____

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