IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090852 PIN# ~~4658995249 (pt)~~ 4658-99-5785 DATE October 3, 2000

OWNER OR CONTRACTOR Scott & Nichole Fisher // Mid Carolina Dev. PHONE: Business ______ Home 660-1630

ADDRESS 126 Hightower Mooresville 28117

LOCATION 115N. TR Shinnville Rd. TL Carolina Wren Drive on Lt at end

SUBDIVISION Grace Meadows BLOCK / SECTION ______ LOT 8 LOT AREA 46,129 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/26/00
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity Innovative 25%
Maintenance Agreement Required: ☐ Yes ☑ No Red.

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ______
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

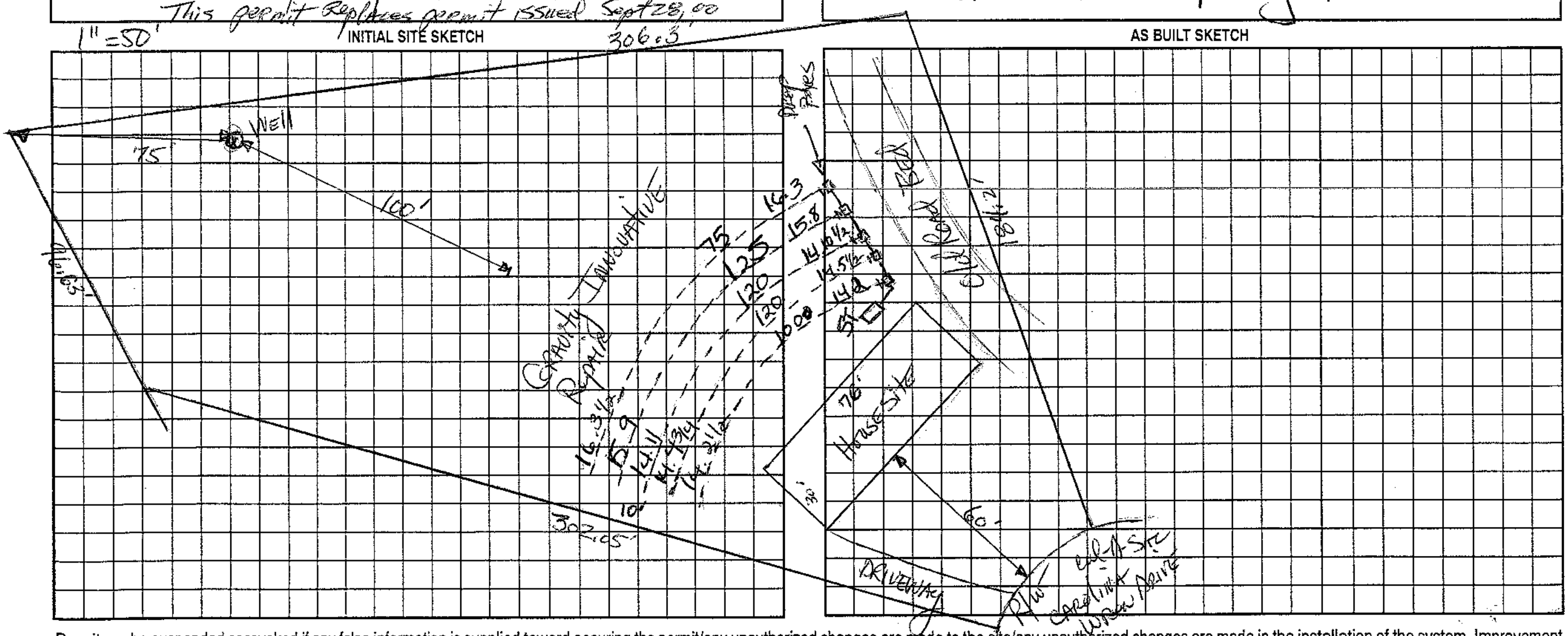
Comments:/Conditions: Remove old farm burms/terraces. Install well exactly where shown. Maintain 100' minimum between well & septic repair area.
This permit replaces permit issued Sept 28, 00

Comments:/Conditions: Installed as Drawn. Well not installed at time of inspection. MH not set up yet.

1" = 50'

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: [signature] date ______
Improvement Permit by: [signature], RS date 10-3-00
Authorization to Construct by: [signature], RS date 10-3-00

Installed by: A-1 Backhoe
Operation Permit by: [signature] RS date 10/3/2000
Existing System Inspection by: ______ date ______

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