IREDELL COUNTY HEALTH DEPARTMENT

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

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

10:00

PERMIT# 121670 PIN# 4659284898981 Kim's cell DATE 7-10-04

OWNER OR CONTRACTOR Robert & Kimberly Randall PHONE: Business 458-7272 Home 660-9277

ADDRESS 308 Erma Rd. Mooresville, NC 28117

LOCATION Hwy 115/21 North just past Westmoreland West gravel road on right then TL (dirt road) #1327

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 120 L.T.A.R. .3 Charlotte Hwy

Septic Tank: 1000 Gallons; STB 312 Date 9-18-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 420' Linear Feet 140'
No Lines 2@70' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Grav/Pump Convent
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12" [X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

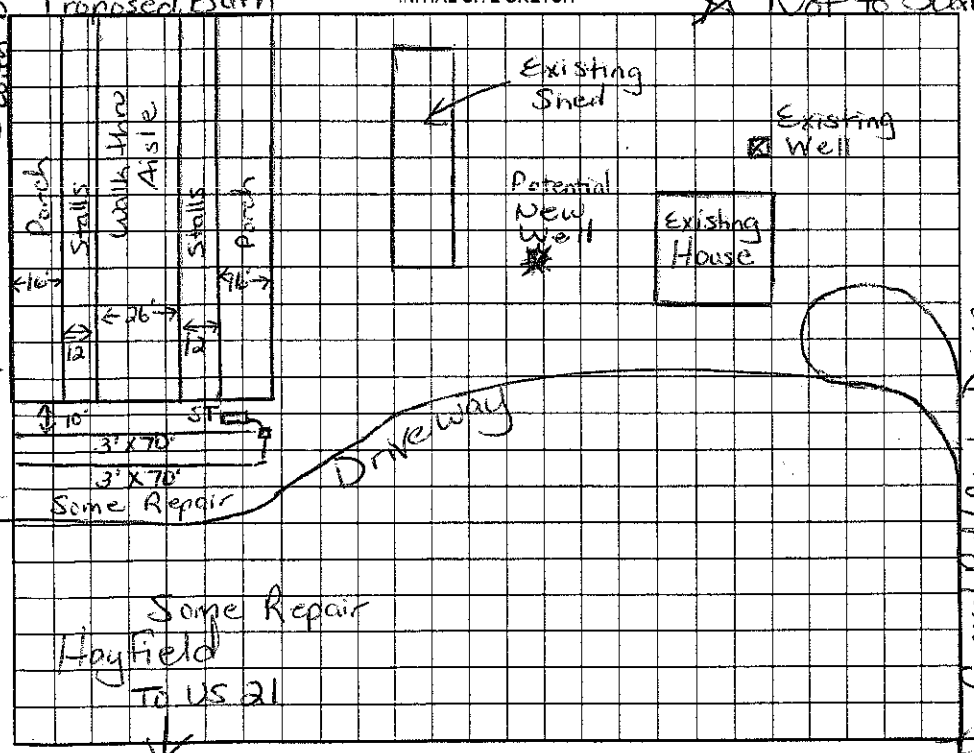
[ ] House/Mod. Home No. Bedrooms ____
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[X] Other Barn

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

Comments:/Conditions: "New well" not installed yet at time of inspection.

INITIAL SITE SKETCH ★ Not to Scale



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: Kim Randall date 7/13/04
Improvement Permit by: Maria H. Dotson RS date 7/10/04
Authorization to Construct by: Maria H. Dotson RS date 7/10/04

Installed by: Noble Randall
Operation Permit by: Maria H. Dotson RS date 10/20/04
Existing System Inspection by: _____ date _____

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