IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074731 PIN# 4659324338 DATE 7/29/98

OWNER OR CONTRACTOR Randy Manus PHONE: Business Wk 663-0553 Home 664-5938

ADDRESS 145 Country Ln. Mooresville, NC 28115

LOCATION US 21 TL Barfield ~ 1/10 Mile on Rt (Back off Road 528')

SUBDIVISION _____ BLOCK / SECTION _____ LOT 5&6 LOT AREA 8.13 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3+

Septic Tank: 1000' Gallons; STB 312 Date 8/2/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. (600)
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

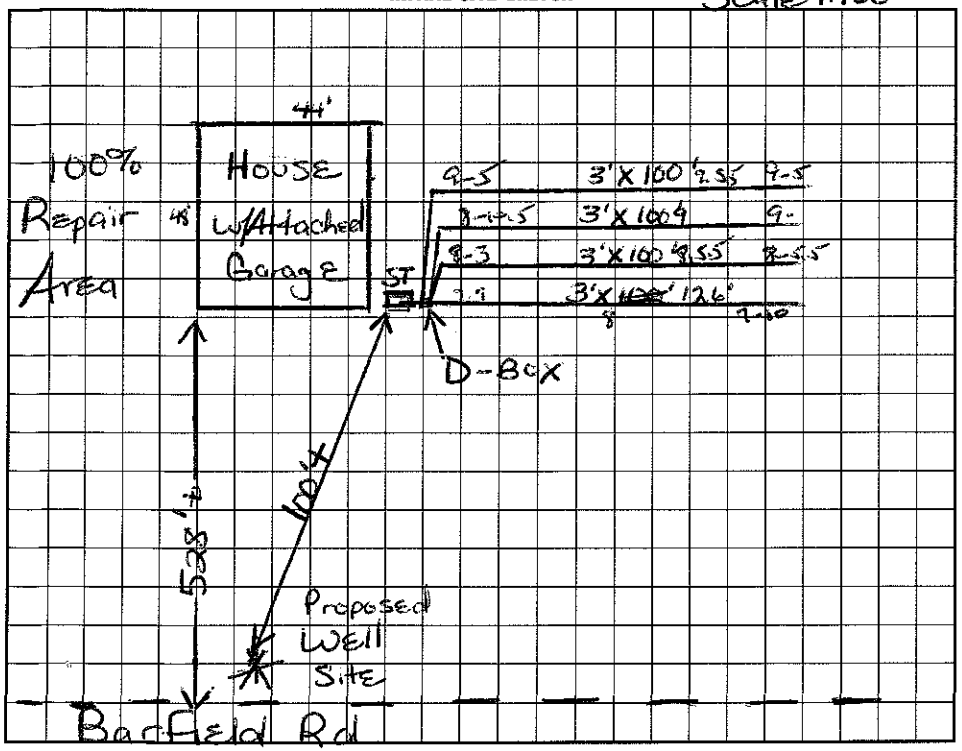
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Keep Septic System at least 5' from House, 10' from PL & 100' from well. (Must keep 100' Separation for well & Septic due to SAP) House Setback ~528' From Barfield Rd.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:100



AS BUILT SKETCH

I understand that this 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: Tammy Parker date _____

Improvement Permit by: Maria H. H. Dotson date 7/29/98

Authorization to Construct by: Maria H. H. Dotson date 7/29/98

Installed by: Randy Manus

Operation Permit by: Wesley Sparks RS. date 1/14/00

Existing System Inspection by: _____ date _____

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