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# 126564 PIN# 4659501725 DATE 3-7-05

OWNER OR CONTRACTOR Warren Coultrup PHONE: Business _____ Home 799-9415

ADDRESS 150 Milo Ln Mooresville, NC 28115

LOCATION Hwy 115 North TL Milo Ln go to end in Cul-de-sac

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.43 Acres SITE CLASS PS DESIGN FLOW 100gpd T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12/21/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~360~~ 270 Linear Feet ~~120~~ 90

No Lines 2 ~~three~~ Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I II III IV V VI Agrotech

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☒ Other Out Building

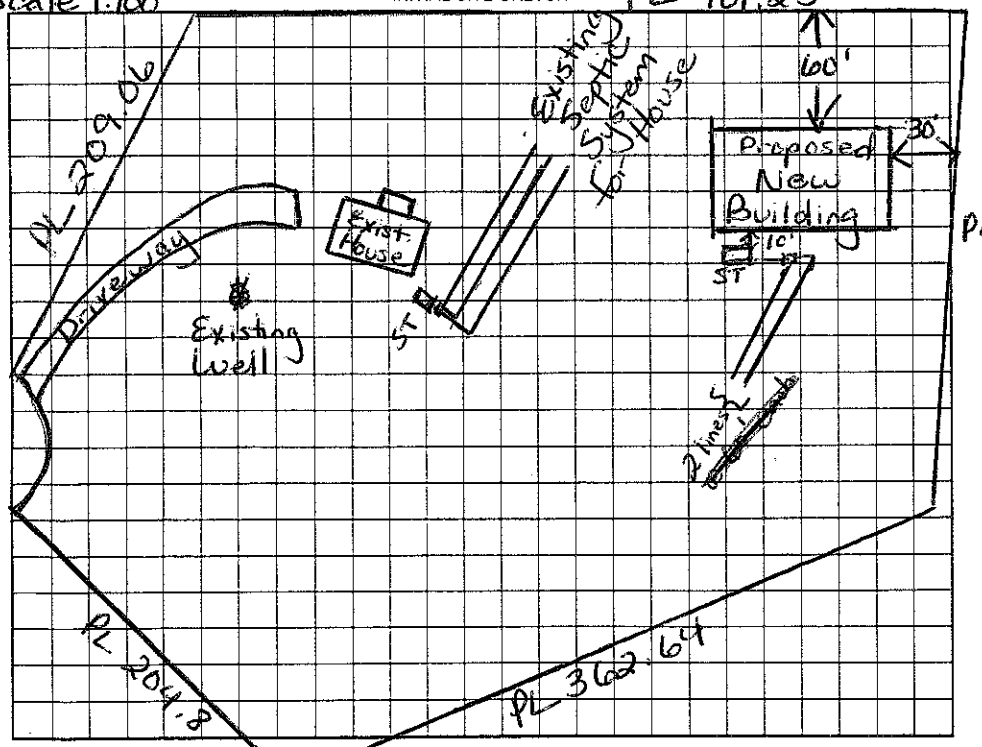
Water Supply: ☒ Individual Exist. ☐ Public ☐ Community

Comments:/Conditions:

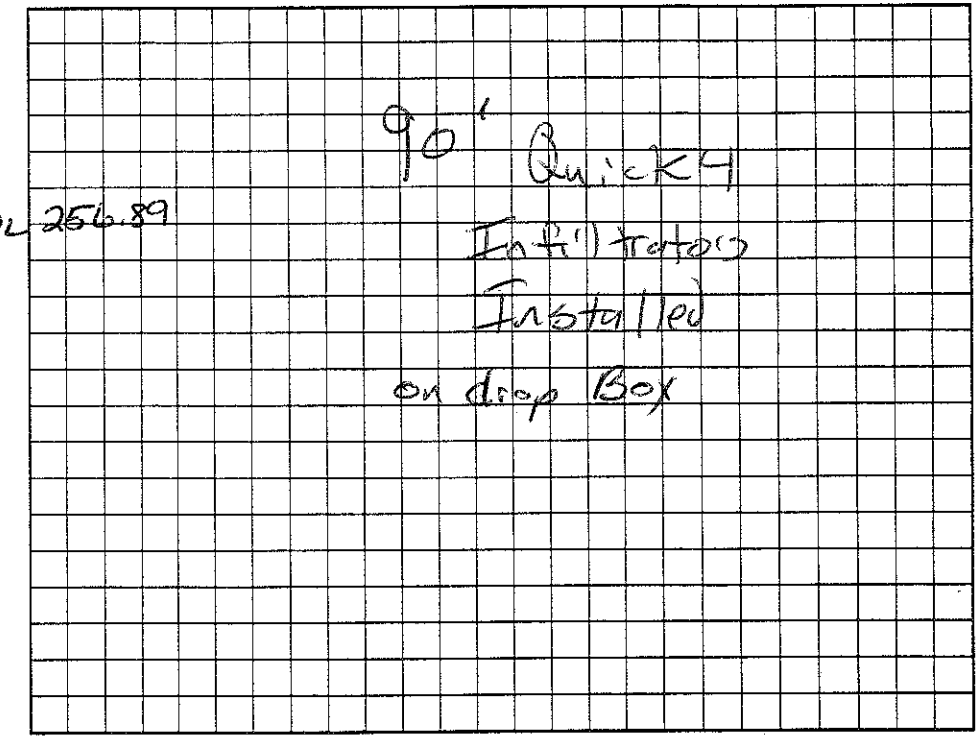
Comments:/Conditions:

Scale 1:100

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: Warren Coultrup date _____

Improvement Permit by: Mark Tolson RS date 3/7/05

Authorization to Construct by: Mark Tolson RS date 3/7/05

Installed by: A-1 Backhoe

Operation Permit by: [signature] RS date 7/1/05

Existing System Inspection by: _____ date _____

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