IREDELL COUNTY HEALTH DEPARTMENT

Paid 125.00

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

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

PERMIT# 088605 PIN# ~~4659 52 4817~~ ~~5 3 4448~~ 4659 52 4817 DATE 4/8/00

OWNER OR CONTRACTOR Justin Woolledge PHONE: Business _____ Home 664-6440

ADDRESS 221 Didio Cir Mooresville, NC. 28115

LOCATION 115-21N TR Didio Cir (R) ~ .75 mile on (R)

SUBDIVISION No BLOCK / SECTION _____ LOT No LOT AREA ~ 1.24ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12-5-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300*
No Lines 5@60'&3' Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV - EZ LAY
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

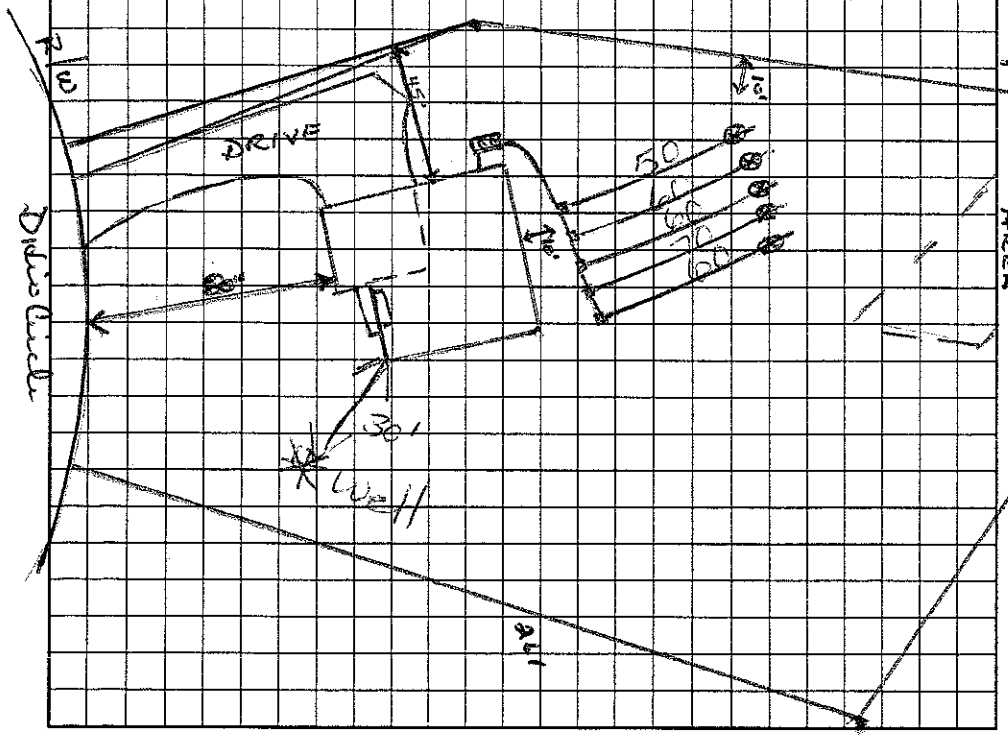
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: *Modified system 25% reduced - Recommend EZ Lay due to bending contour lines

Comments:/Conditions: Filter & riser installed. Infiltrator lines installed

INITIAL SITE SKETCH (1" = 60')



AS BUILT SKETCH

Installed as shown

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: * Justin W. Woolledge date 4/13/00 Installed by: F.J. Ervin

Improvement Permit by: Wesley Sparks RS. date 4/8/00 Operation Permit by: Maria Dotson RS date 1/26/2001

Authorization to Construct by: Wesley Sparks RS. date 4/8/00 Existing System Inspection by: _____ date _____

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