IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 083521 PIN# 4664 28 7188 Pt. 4664-28-4096 DATE 3/8/01

OWNER OR CONTRACTOR Jeffrey Littleson PHONE: Business _____ Home 896-8404

ADDRESS PO Box 481 Mt Mourne, NC. 28123

LOCATION 1155 TL Presbyterian Rd TR Davidson Ridge to 3+4

SUBDIVISION DAVIDSON RIDGE BLOCK / SECTION _____ LOT 9+10 LOT AREA ~2.3Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date _____

Pump Tank: 1000 Gallons; PT 283 Date _____

Pump Make: HYDROMATIC Model SK 50 Serial No. 99

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6@50' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: PresMan to Ch Plastic

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

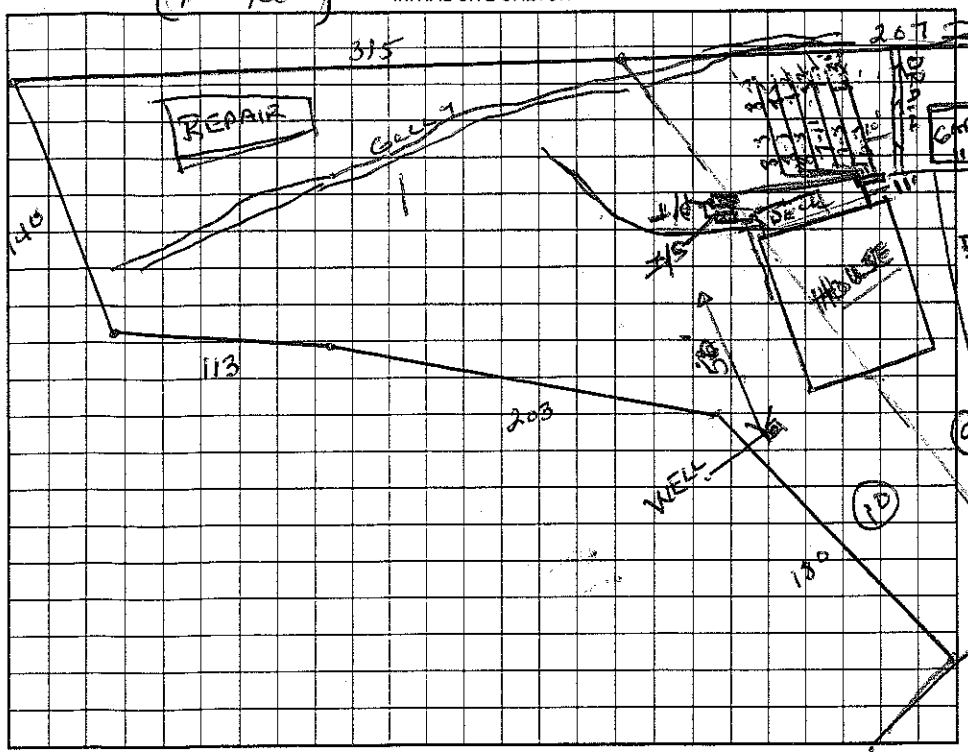
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Plumbing added to basement and stubbed out deep - this necessitated pumping

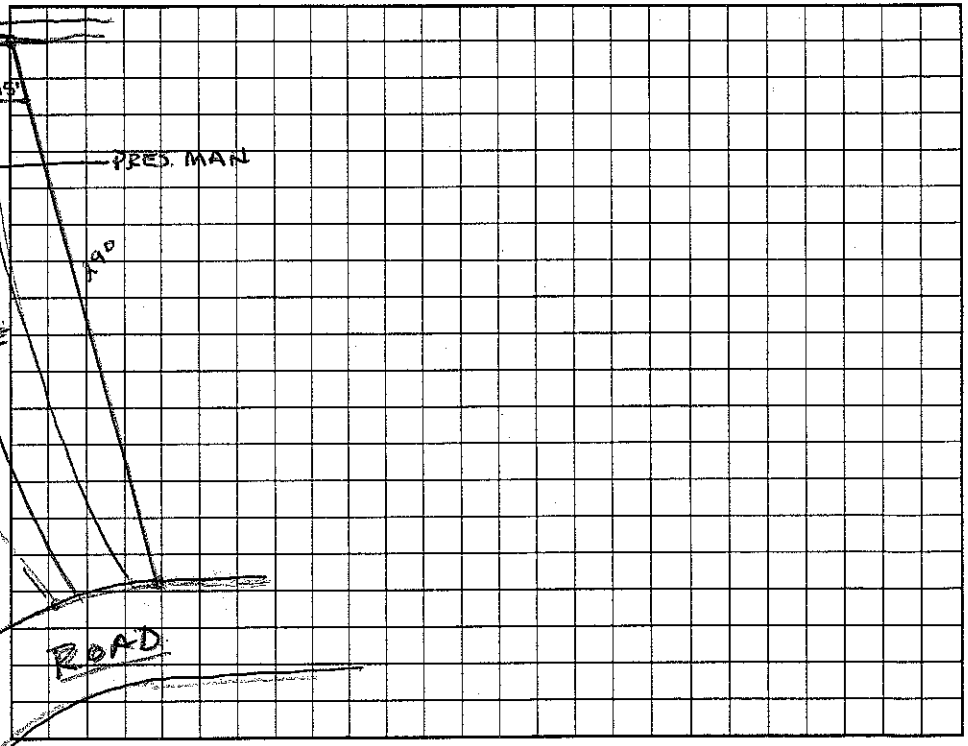
Comments:/Conditions: INFILTRATOR

(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: X _____ date _____

Improvement Permit by: Wesley Sparks RS. date 3/8/01

Authorization to Construct by: Wesley Sparks RS date 3/8/01

Installed by: Curt Dunning

Operation Permit by: Wesley Sparks RS date 3/12/01

Existing System Inspection by: _____ date _____

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