2:30 - 3:00 2:30 - 3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072403 PIN# 4664 38 ~~615~~ 5596

OWNER OR CONTRACTOR DAVID ALEXANDER DATE 4/1/98

ADDRESS 120 ALEXANDER LN MOORESVILLE NC 28115 PHONE: Business _____ Home 892-1524

LOCATION 1155 - TL PRESBYTERIAN - ~ 3 MILES ON RT - JUST PAST ALEXANDER ELECTRIC

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. RS DESIGN FLOW 360 GPD L.T.A.R. 360 GPD/FT

Septic Tank: 1000 Gallons; STB 744 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1026 Linear Feet 342

No Lines 6 @ 57' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: CHAMBERED ORADS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

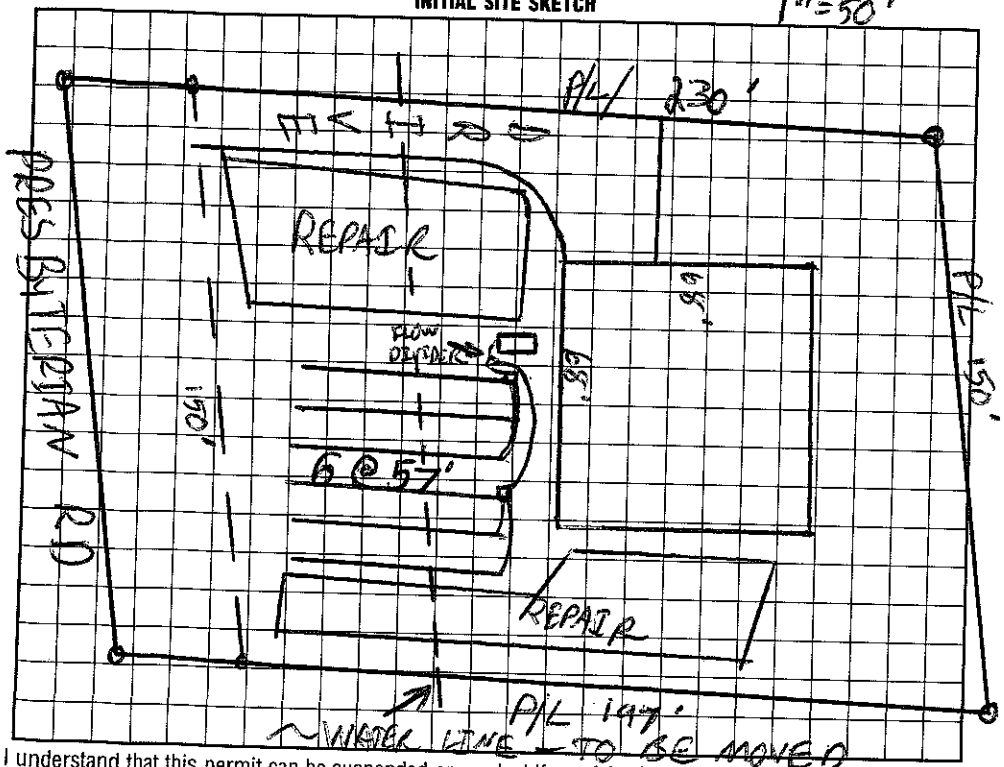
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community NEIGHBOR

Comments:/Conditions: ① FLOW DIVIDER AND TWO DIST. BOXES INSTALLED ② WATER LINE IS TO BE MOVED AWAY FROM DRAINFIELD 10 FEET.

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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: _____ date 4-1-98

Improvement Permit by: C. [illegible] RS date 4/1/98

Authorization to Construct by: C. [illegible] RS date 4/1/98

Installed by: ORBISON

Operation Permit by: C. [illegible] date 6/24/98

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

