IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072474 PIN# 4665329908

OWNER OR CONTRACTOR James Maknight PHONE: Business 664-9080 DATE 11/30/9 1

ADDRESS 255 Rolling Hills Rd Mooresville NC 28115 Home Tim Whittaker 846-9540

LOCATION Shearers Rd TR Ashley Woods (after Rocky River) Stay Right at Fork on Right

SUBDIVISION Ashleywoods BLOCK / SECTION I LOT 71 LOT AREA .78 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11/25/98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5at 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - 50% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

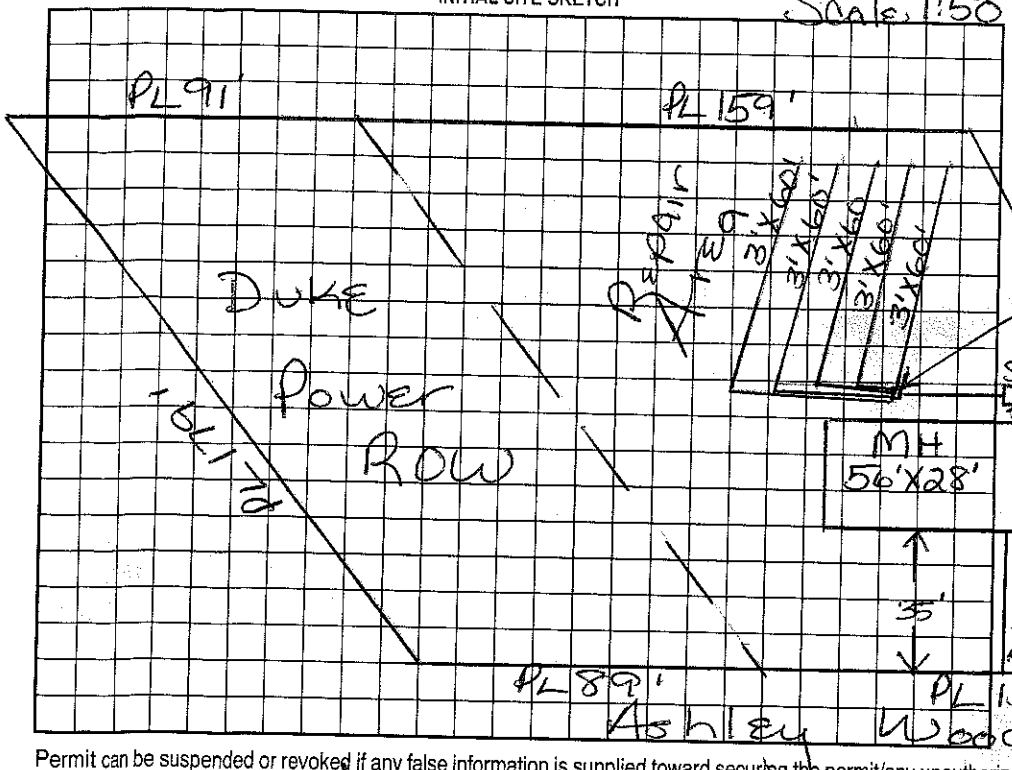
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

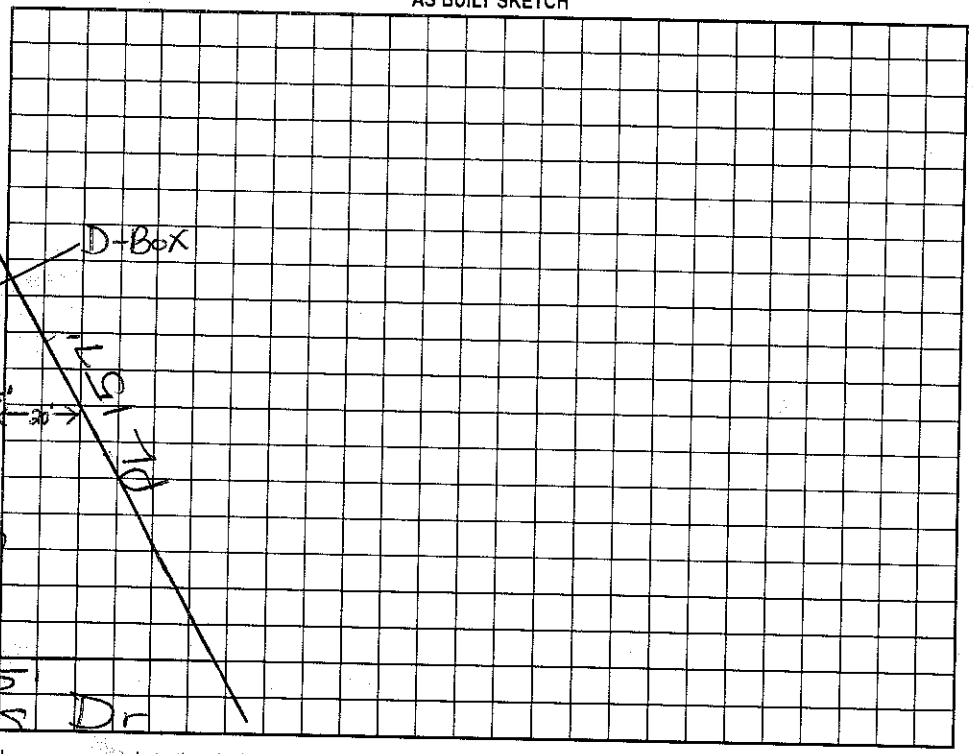
Comments:/Conditions: Keep Septic System 10' From PL & 5' From House
A 25% Reduction in Drainfield Area

Comments:/Conditions:

INITIAL SITE SKETCH Scale: 1:50



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: David Myers date 2/1/99 Installed by: A1 Backhoe

Improvement Permit by: Maria H. H. Dotson RS date 1/30/99 Operation Permit by: [signature] date 2/15/99

Authorization to Construct by: Maria Dotson date 1/30/99 Existing System Inspection by: ____ date ____

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