$250 10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103342 PIN# 4665986206 Teresa (Orbison) DATE 11/30/2001

OWNER OR CONTRACTOR Hattie Moore / Will Reid PHONE: Business 663-4747 Home 660-1440

ADDRESS 129 Naomi Rd Mooresville NC 28115

LOCATION Hwy 136 TR Rocky River Rd down hill TR Naomi Rd at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/26/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1215 Linear Feet 405
No Lines 3@135' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Deeded prior to 1983
Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

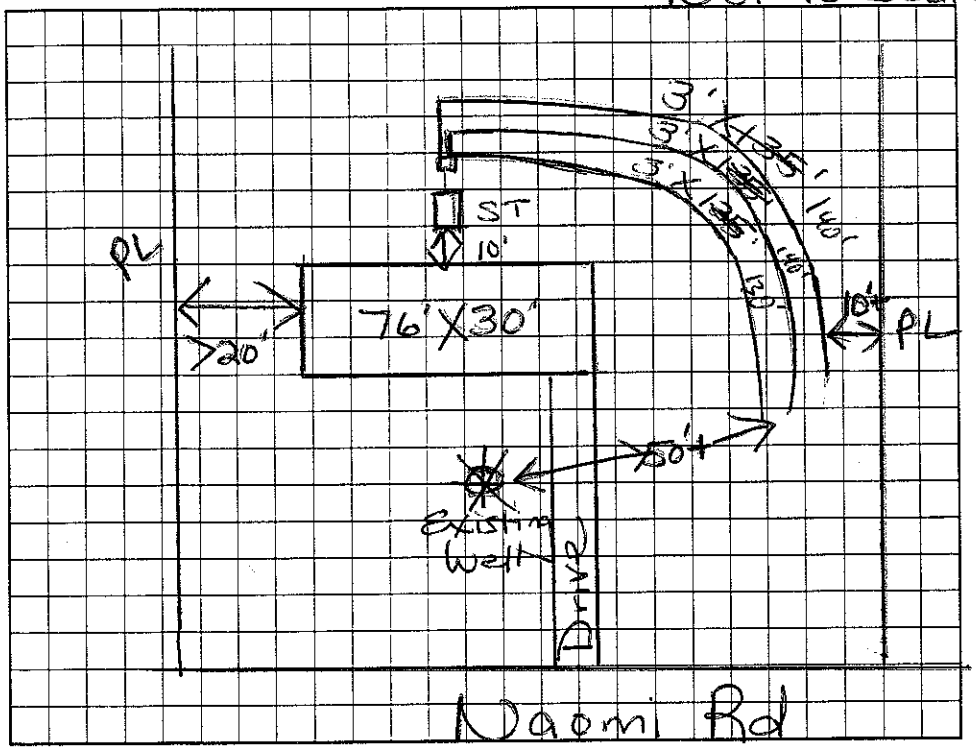
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 50'-100' to any well.

Comments:/Conditions: Note: Site will be graded to obtain gravity flow to ST & drainfield.

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH

Installed As Drawn

Ez-Flow

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 12/4/01 Installed by: Orbison

Improvement Permit by: Maria H. Dotson RS date 11/30/2001 Operation Permit by: _____ RS date 5/6/02

Authorization to Construct by: Maria H. Dotson RS date 11/30/2001 Existing System Inspection by: _____ date _____

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