IREDELL COUNTY HEALTH DEPARTMENT

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

3130

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

PERMIT# 125308 PIN# 4660861 3534 3534 DATE 12-10-04

OWNER OR CONTRACTOR Jason Key PHONE: Business 799-5350 Home 658-1073

ADDRESS 878 E Iredell Ave Mooresville, NC 28115

LOCATION Hwy 150 to Overhead Bridge Rd, TR Scotland Drive TR Bright Star

SUBDIVISION Highland Crossing BLOCK / SECTION ____ LOT 18 LOT AREA 40,198 Ft² SITE CLASS PS DESIGN FLOW 360 gpd T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 12-21-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480'

No Lines 6@80' 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: Pump/Gravity - 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____

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

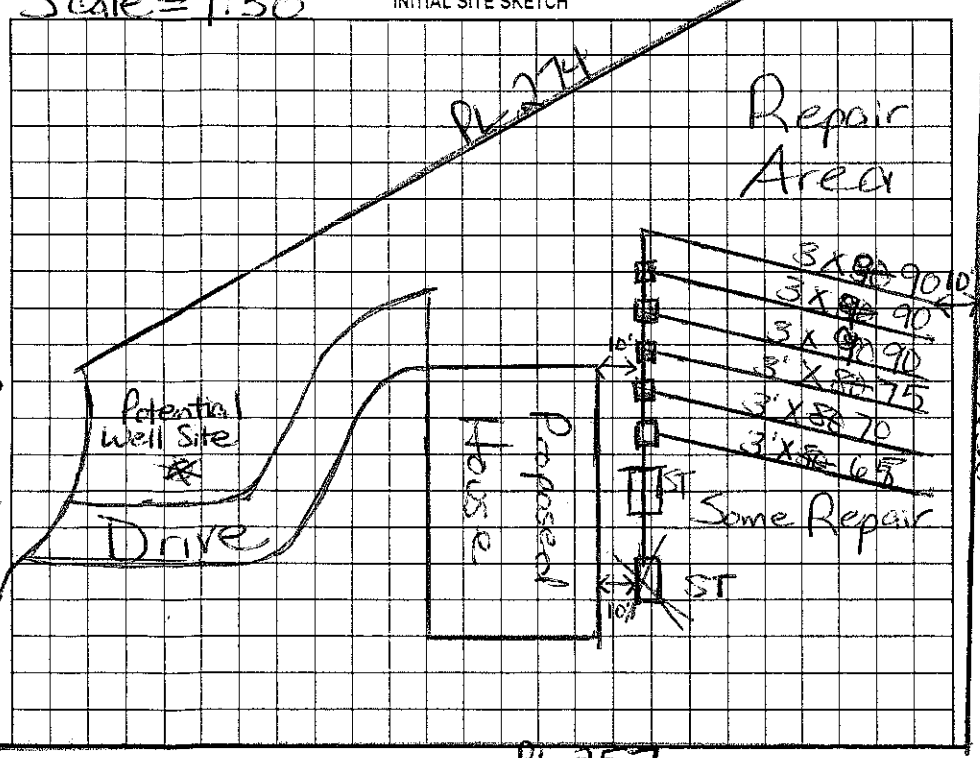
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL & 100' to well

Comments/Conditions: * Okay to use Distribution box instead of "Drop boxes".

Scale = 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 6 lines with Drop Boxes 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: * existing well date 12/13/04

Improvement Permit by: Maria H. Dolan RS date 12/10/04

Authorization to Construct by: Maria H. Dolan RS date 12/10/04

Installed by: Rowan Septic

Operation Permit by: Maria H. Dolan RS date 2/17/05

Existing System Inspection by: ____ date ____

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