IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151718 PIN# 4616942087 DATE 7-24-08

OWNER OR APPLICANT Scott & Melanie Saltzman PHONE: Business _____ Home _____

ADDRESS 1616 Copperhead Dr. Mooresville NC 28115

LOCATION Hwy 115 North TR Shinnville Rd TR Copperhead near end (Old Dairy Farm)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 acres SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1001 Date 5-28-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Same 25% Red.
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other

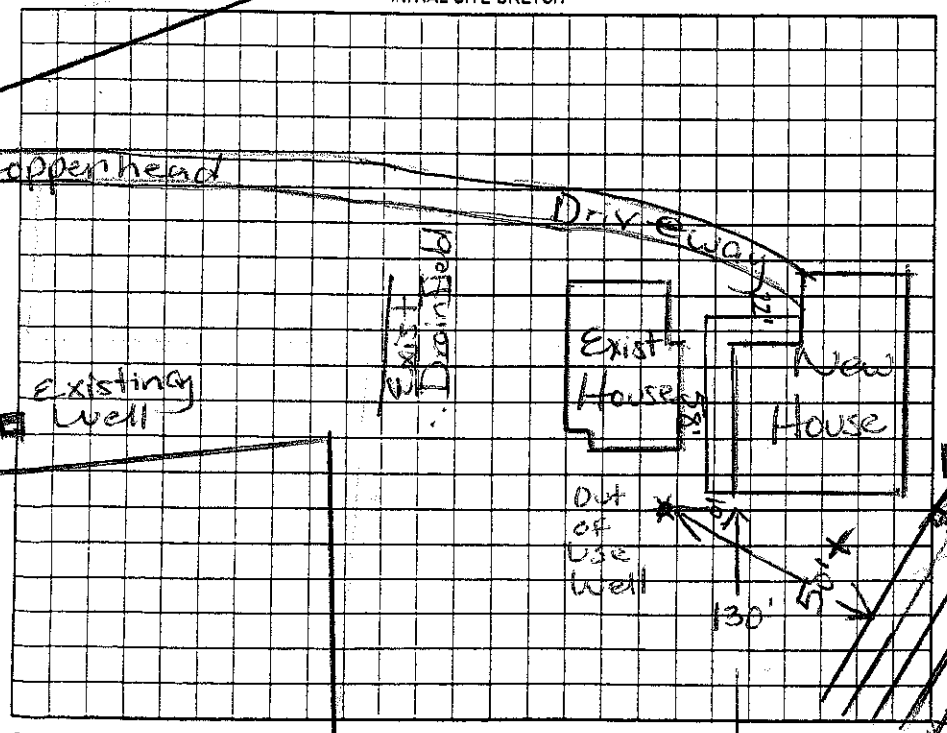
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 4@75' of 25% Reduction (Accepted)

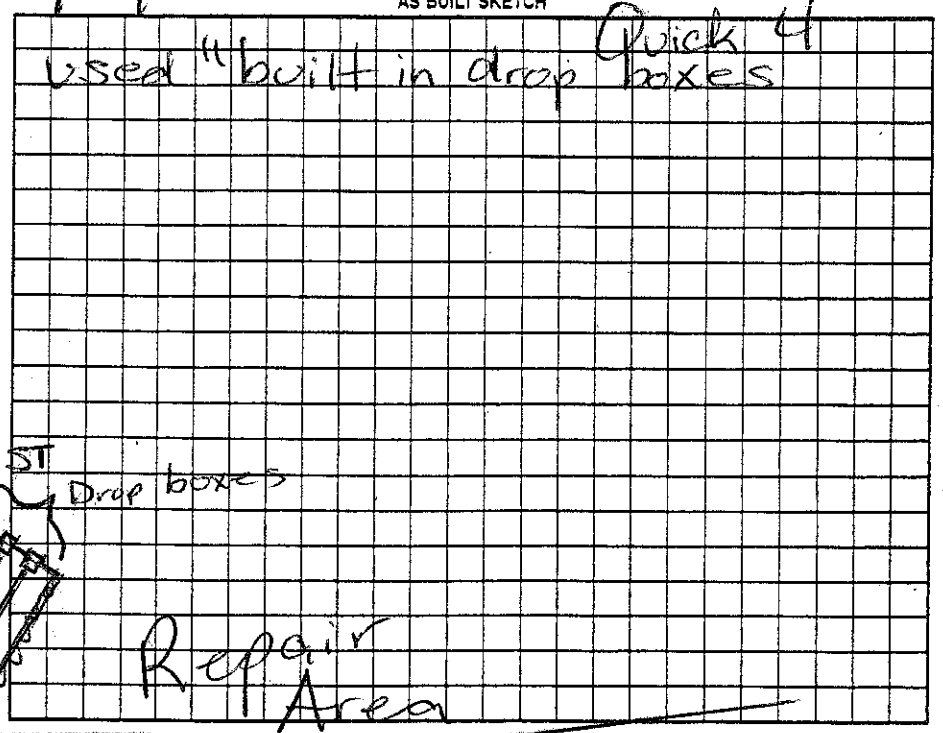
Comments/Conditions: ★Okay to use 300Ft of 25% Reduction
★Must Stay at least 50Ft from Onywell
8/22/08 Installed 4 lines @ 75' ea

★Not to Scale

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: ✗ Melanie Saltzman date 7-24-08

Improvement Permit by: Marian H. Dotson RS date 7/24/08

Authorization to Construct by: Marian H. Dotson RS date 7/24/08

Installed by: Wayne Hoots KS

Operation Permit by: Marian H. Dotson date 8/22/08

Existing System Inspection by: _____ date _____

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