IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119168 20 PIN# 4675 32 2029 DATE 3-15-04

OWNER OR CONTRACTOR Samuel & Tiffany Basden PHONE: Business _____ Home 662-9021

ADDRESS 1954 Caddle Creek Hwy Mooresville, NC 28115

LOCATION Hwy 3 (Caddle Creek) past DET on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.13 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gravity Conventional

Repair System Description: Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ___

☐ Other _____

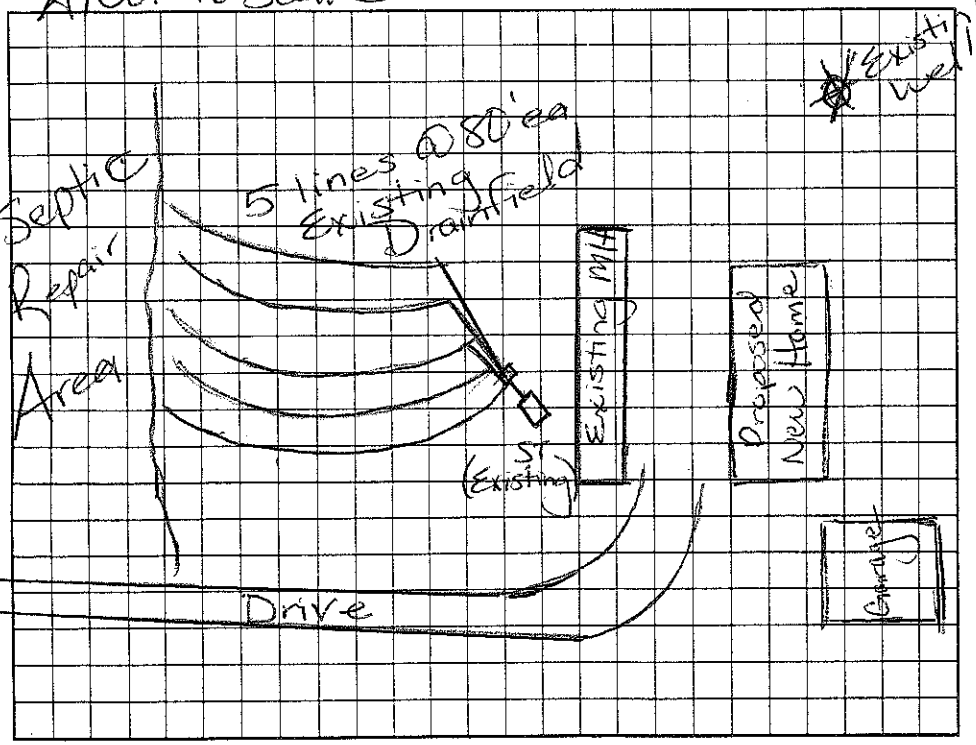
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep new house at least 10' from existing Septic System.

Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection. Suggested that Distribution box be checked & adjust more flow to upper lines

* Not to Scale INITIAL SITE SKETCH



AS BUILT SKETCH

* Copy of original permit attached

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: Tiffany P. Basden date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 3/15/04 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson date 3/15/04

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