IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 Paid 175.00 MOORESVILLE 704-[illegible]31

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

PERMIT# 088273 PIN# 4675-39-3311 DATE April 12, 2000

OWNER OR CONTRACTOR Ronald Cadfelter PHONE: Business _____ Home _____

ADDRESS 946 Shearers Road Mooresville

LOCATION 136 South TR Hunters Creek at end 127 Hunters Creek Dr

SUBDIVISION Hunters Creek BLOCK / SECTION _____ LOT 7 LOT AREA 1.84 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 6/12/00

Pump Tank: 1000 Gallons; PT 283 Date 8/11/00

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PM - Conventional

Repair System Description: PM - Innovative 25% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

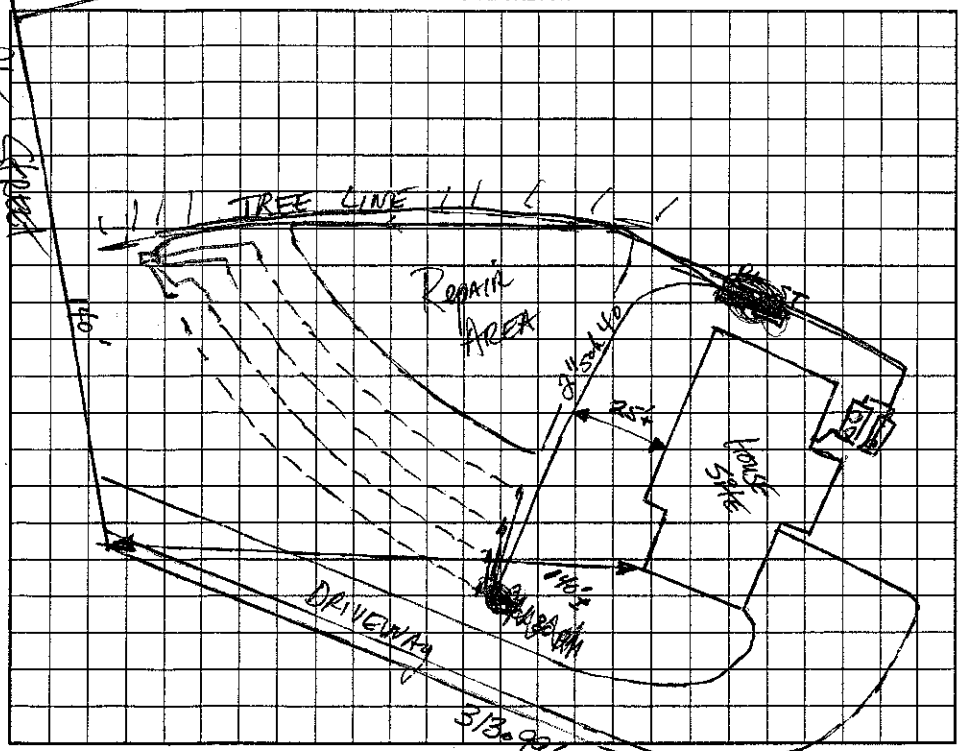
OK to use 3@100' (300' total) of Innovative - 25% Reduction if preferred.

312.26'

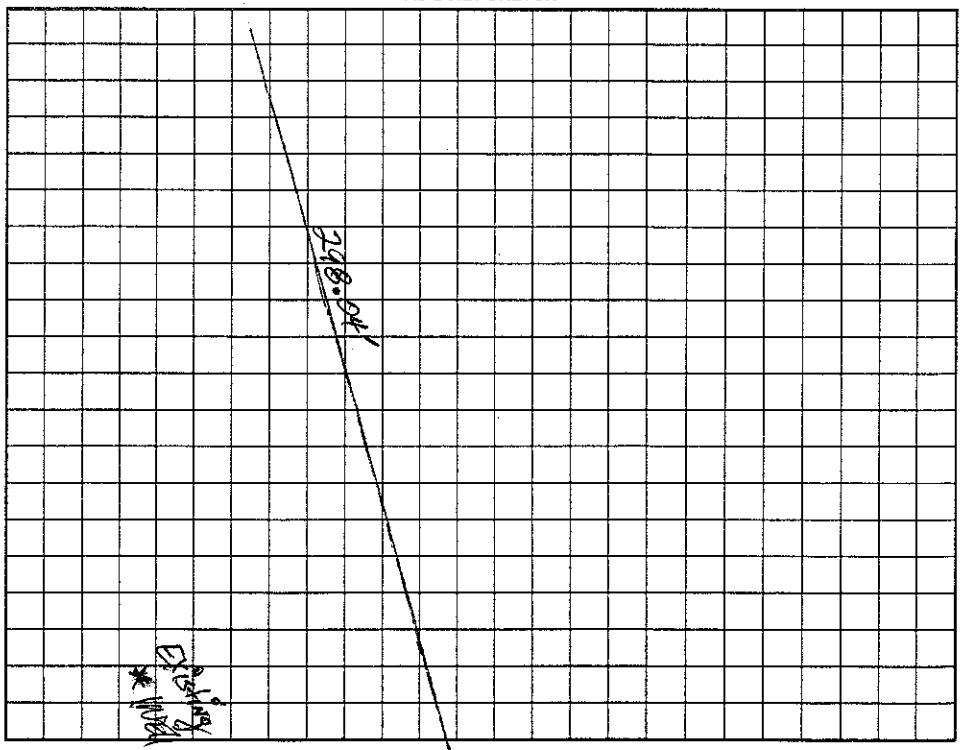
Comments:/Conditions:

EZ Lay installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Spring/Branch 1" ≈ 50'

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: Ronnie Cadfelter date 4-13-00 Installed by: Larry Beam

Improvement Permit by: [signature] date 4/12/00 Operation Permit by: [signature] date 10/3/02

Authorization to Construct by: [signature] date 4/12/00 Existing System Inspection by: _____ date _____

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