IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135802 PIN# 4676547220 4676534736 DATE 6-1-06

OWNER OR APPLICANT Raven L. Stutts PHONE: Business 704-799-3000 Home 704-663-6484

ADDRESS 720 Teeter Rd Mooresville 28115

LOCATION 115 N TR main st TR Linwood TL Teeter Rd 702 Teeter Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.14 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 799 Date 8-26-06
Pump Tank: _____ Gallons; PT _____ Date _____
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 28"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: conventional gravity
Repair System Description: Conventional gravity
Maintenance Agreement Required: ☐ Yes ☒ No

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

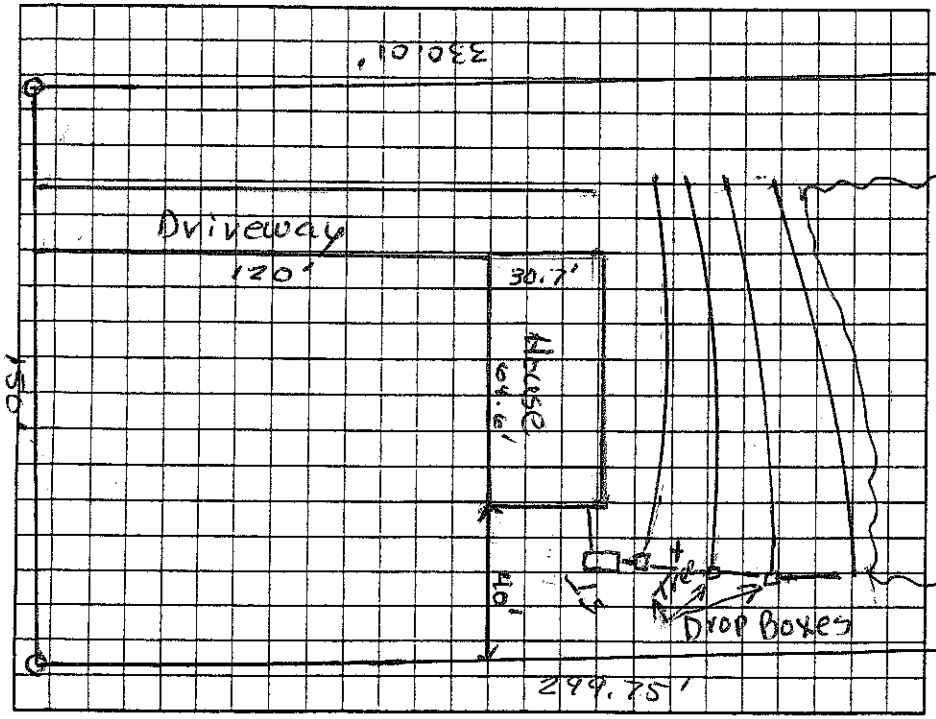
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

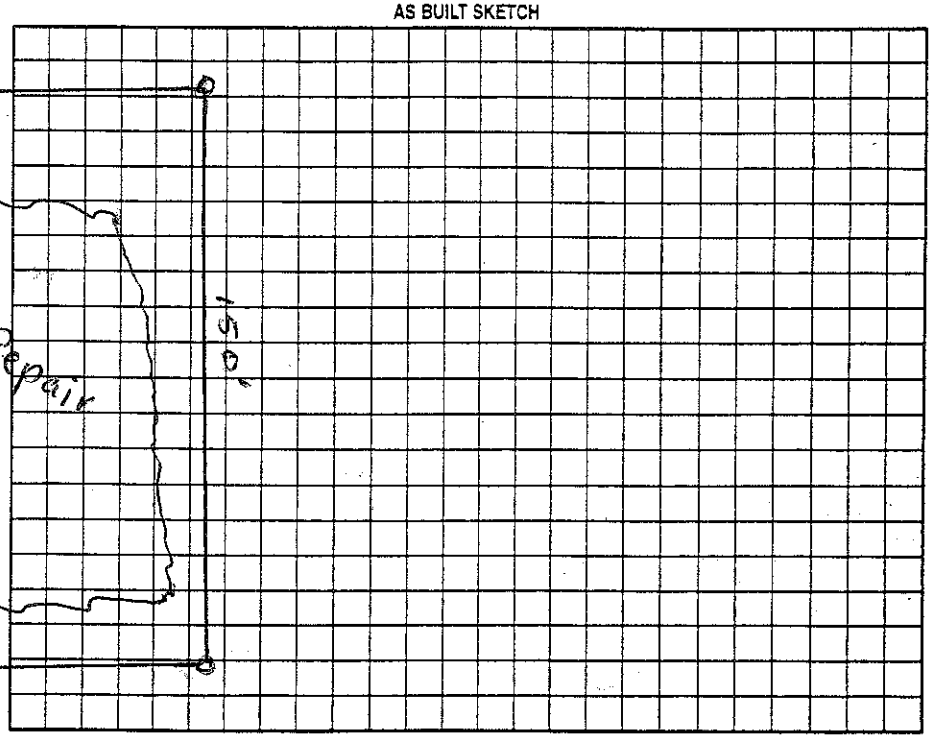
Comments/Conditions: shared well on adjacent property

Comments/Conditions:

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: Carol A Stutts date 6.02.06 Installed by: Orbison

Improvement Permit by: Judy Melville date 6-2-06 Operation Permit by: John E Allen date 12-14-06

Authorization to Construct by: Judy Melville date 6-2-06 Existing System Inspection by: _____ date _____

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