IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 115859 / 17-5548 PIN# ~~4677461329~~ 4677461304 DATE Sept 25, 03

OWNER OR CONTRACTOR Douglas Carriger PHONE: Business _____ Home _____

ADDRESS 1261 Oakridge Farm Hwy. Mooresville 28115

LOCATION 150 EAST TR Alexander Acres Rd. ~ 1/4 mile on left

SUBDIVISION Alexander Acres / Doug Carriger BLOCK / SECTION _____ LOT 4 Revised LOT AREA 2.477Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/7/04

Pump Tank: 1000 Gallons; PT 27 Date 12/7/04

Pump Make: Zoeller Model N 161 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: pm 25% Reduction

Repair System Description: LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

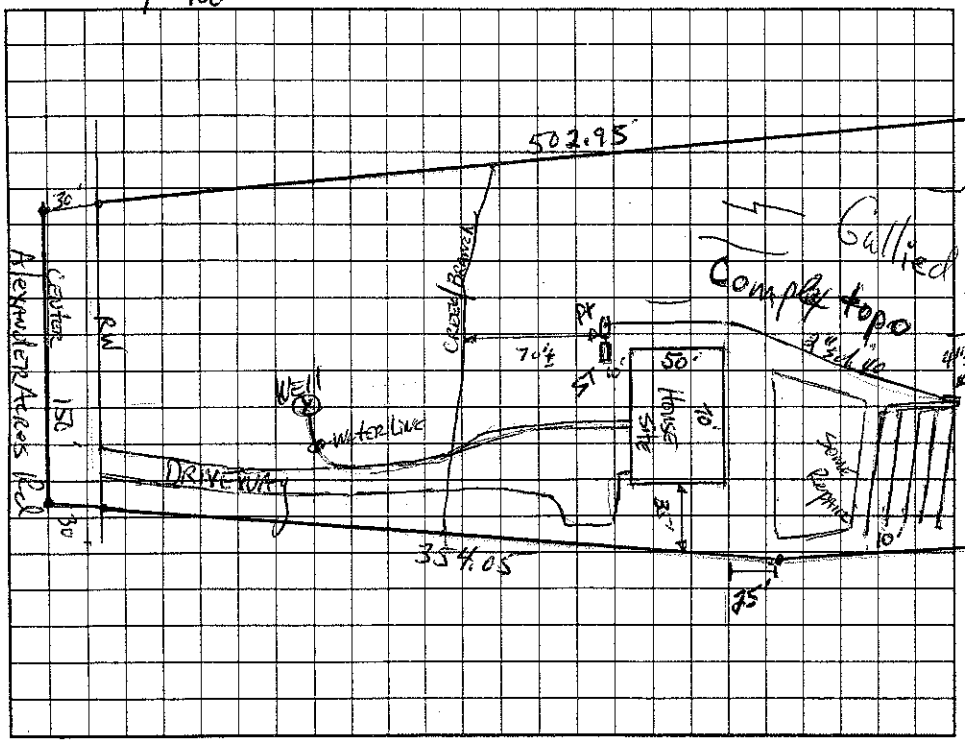
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

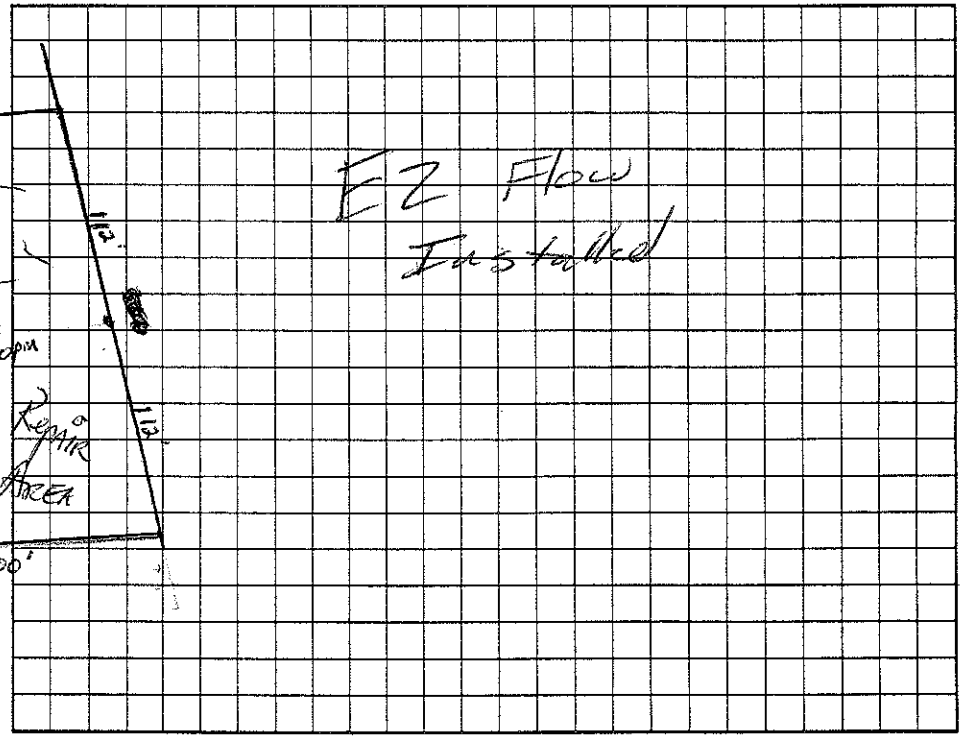
Comments:/Conditions:

1" = 100'

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: _____ date 10-24-03 Installed by: Larry Tucker

Improvement Permit by: _____ date 9-25-03 Operation Permit by: _____ date 3/2/05

Authorization to Construct by: Wally Sparks RS date 11/17/04 Existing System Inspection by: _____ date _____

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

