IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071234 PIN# 4677527484 DATE 3-8-99

OWNER OR CONTRACTOR Doug Adams PHONE: Business 954-5869 Pg. Home 799-2357

ADDRESS P.O. Box 753 Mooresville, NC 28115

LOCATION Main St/ Hwy 152 E. TR Brumley Rd. 1 Mile on Rt. (Next to Blue Cape Cod House)

SUBDIVISION _____ BLOCK/SECTION _____ LOT _____ LOT AREA 3.995 Acres SITE CLASS ~~3995~~ PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1/10/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600'+ Linear Feet 533'-550'

No Lines 10-11 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Pump - Modified

Maintenance Agreement Required: ☐ Yes X No

Gravel Depth 12"

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

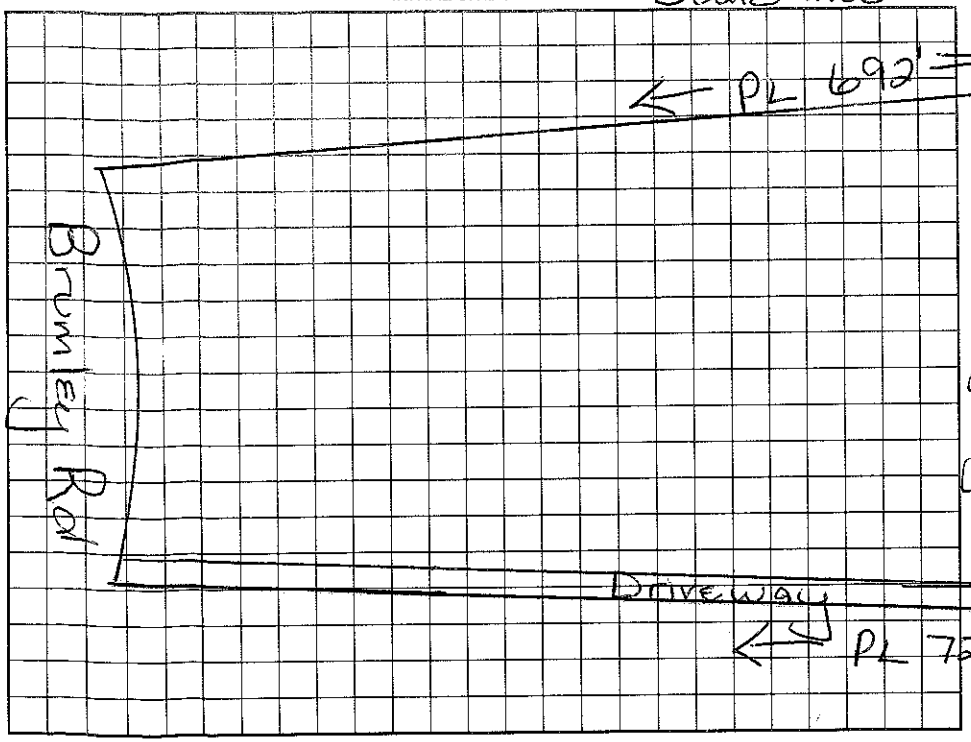
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing X Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

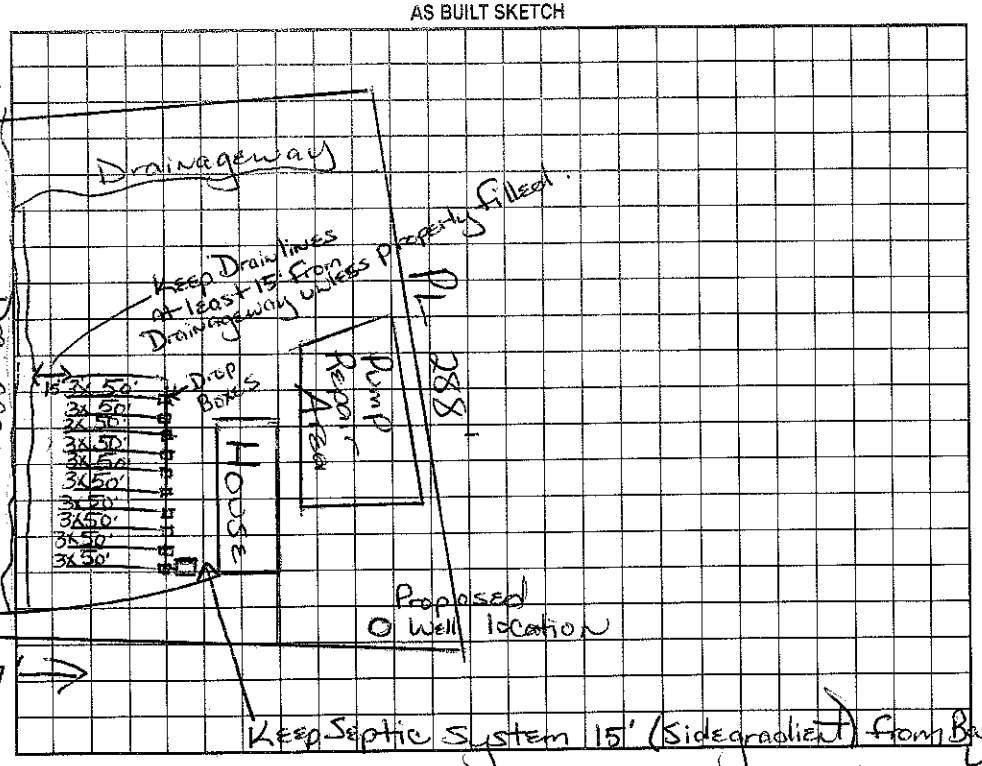
Comments/Conditions: Keep well 15' From (Sidegradient) Basement Wall & 10' From PL & 50'+ From any well. If "Drainageway" is properly filled then Drainlines can extend up to 5' setback instead of 15'.

Comments/Conditions: X This permit replaces original permit dated 1/15/98.

INITIAL SITE SKETCH Scale 1:100



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: Doug Adams date 3/9/99

Improvement Permit by: Maria H. Dotson RS date 3/8/99

Authorization to Construct by: Maria H. Dotson RS date 3/8/99

Installed by: Rowan Septic

Operation Permit by: C. [signature] RS date 3/23/99

Existing System Inspection by: _____ date _____

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