IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14723120 PIN# 4677579538.000

OWNER OR APPLICANT Gary Parker DATE Jan-10-08

ADDRESS PO Box 1087 Mooresville NC 28115 PHONE: Business 704-361-6644 Home Same

LOCATION 150 E towards Salisbury, 250 yds on left after 152

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 175 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 1-25-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 444 Linear Feet 148

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity 25% Red

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms ____ No. Persons ____ No. Employees 7

Water Supply: ☒ Individual ☐ Public ☐ Community

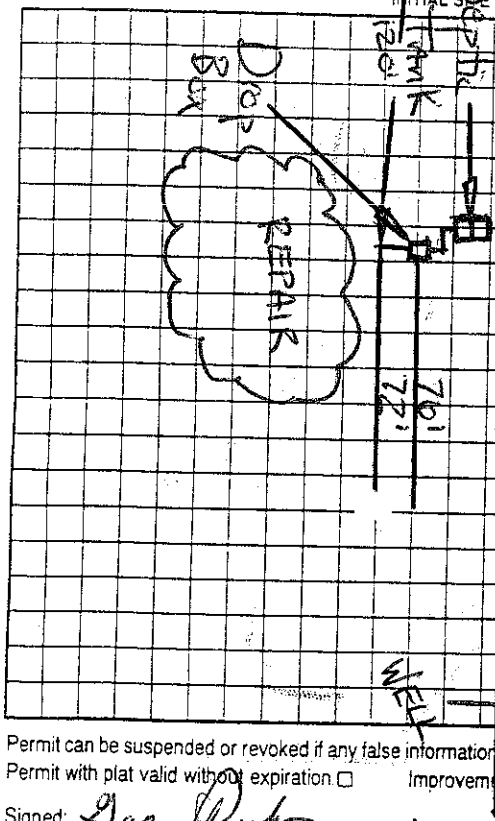
☒ Gravity ☐ Pressure ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

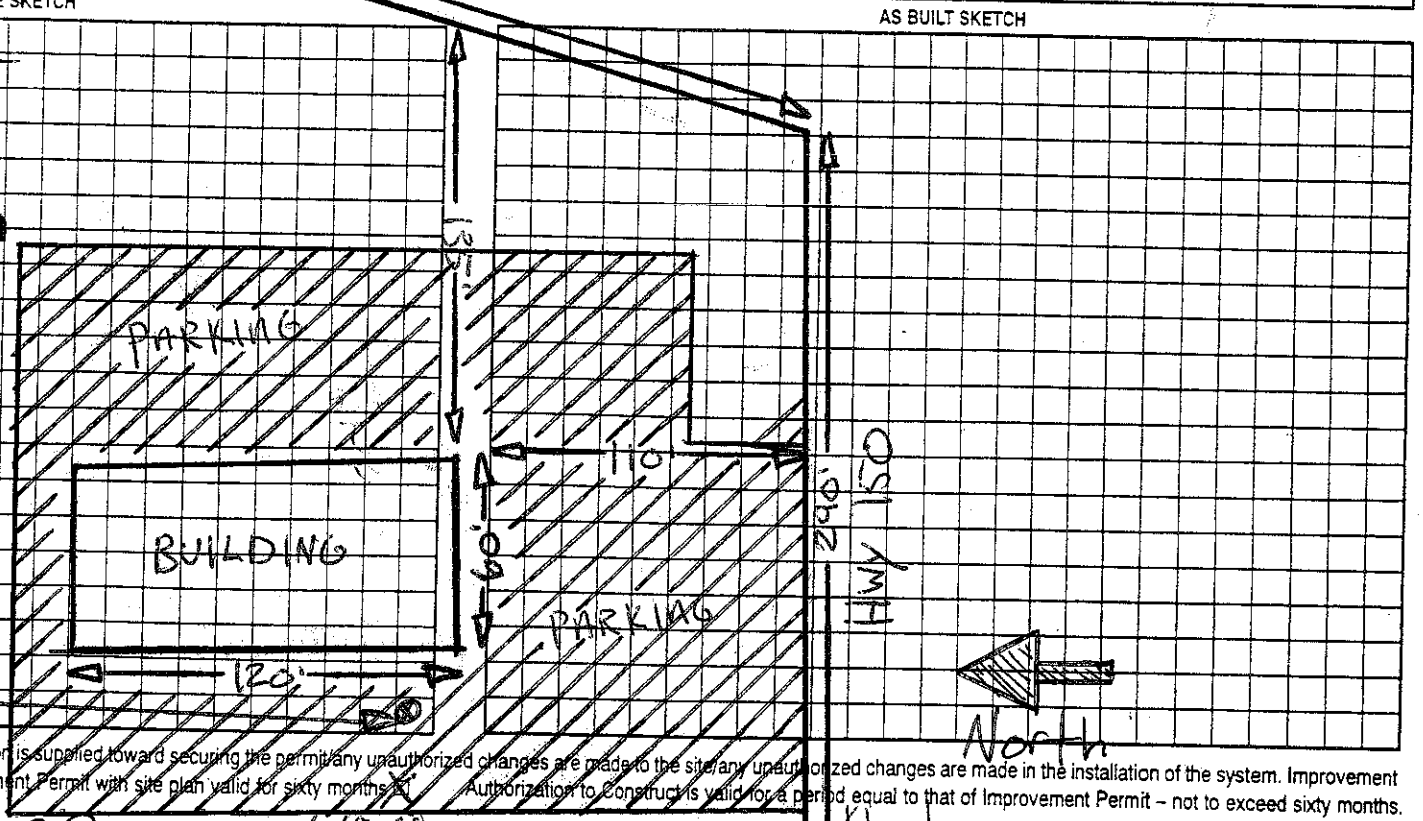
* 1"=60'

Comments:/Conditions: 76' line = 19 chambers / 72' line = 18 chambers / No floor drains to be put in /

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: Gary Parker

Improvement Permit by: _____ date 1-17-08 Installed by: _____

Authorization to Construct by: _____ date 1-10-08 Operation Permit by: _____ date 3-18-08

_____ date 1-10-08 Existing System Inspection by: _____ date _____

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

409'