IREDELL COUNTY HEALTH DEPARTMENT

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

As-Built Permit

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

PERMIT# 086131 PIN# 4677770802 4677-80-0498 DATE 4-19-2000

OWNER OR CONTRACTOR Susan Pack PHONE: Business 783-2089 Home 795-7041

ADDRESS 940 Seymour Ln Davidson NC 28036

LOCATION Hwy 152 E TR Teeter Rd 1/2 mile on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.0 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-4-00
Pump Tank: 1000 Gallons; PT 302 Date 3-2-00
Pump Make: Hydromatic Model SHEF50A1 Serial No D/S 116993
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4@100'eq Trench Width 36" Max Trench Bottom Depth 18"-24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-Conventional
Repair System Description: Pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

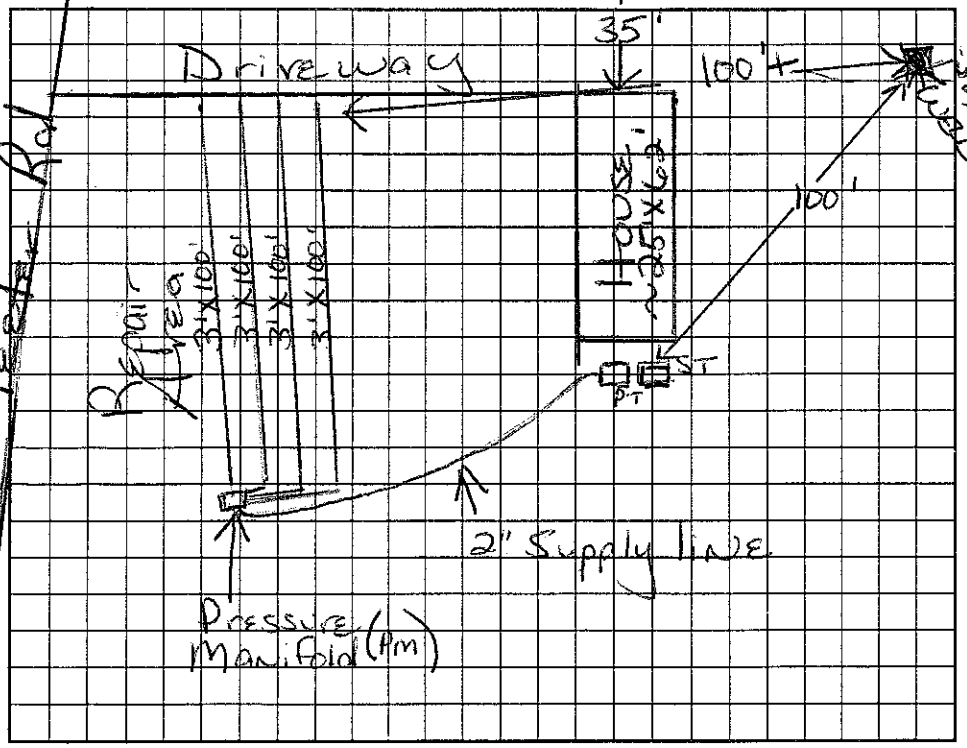
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Stay 100' to well
Scale 1:50
PL 440'

Comments:/Conditions: Tanks & lines checked 4/19/00 MD
Pressure Checked 4/20/00 MD

INITIAL SITE SKETCH



AS BUILT SKETCH

PL 430'

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: X Keith Call C&W Grading + Septic date _____ Installed by: C&W Grading

Improvement Permit by: Maria H. Dotson R.S. date 4/20/2000 Operation Permit by: Wesley Sparks R.S. date 5/22/00

Authorization to Construct by: Maria H. Dotson RS date 4/20/2000 Existing System Inspection by: _____ date _____

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