IREDELL COUNTY HEALTH DEPARTMENT

Lot 4

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

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

PERMIT# 129110 PIN# 4677-89-3428 / 4677893344 - Lot 3 DATE 7/29/05

OWNER OR CONTRACTOR Eugene Duggan PHONE: Business _____ Home _____

ADDRESS ~~1065~~ 121 Quarterline Mooresville NC 28117

LOCATION HWY 150 East, on Rt past London Rd #1508

SUBDIVISION Powers Est. BLOCK / SECTION _____ LOT 3/4 LOT AREA ± 1AC SITE CLASS. P3 DESIGN FLOW 100 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 7-7-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 330 Linear Feet 110'
No Lines 2@55' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity conventional
Repair System Description: same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

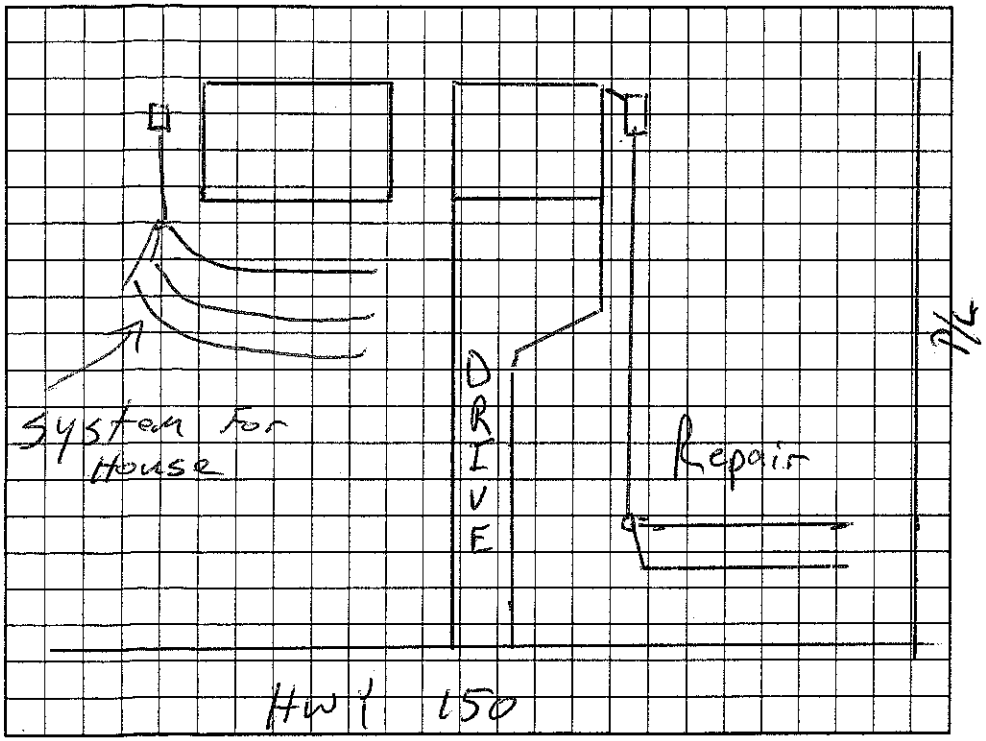
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☒ Other Bathroom in Garage

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
⊗ well

Comments:/Conditions:
Red poly lok filter

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed gravel trenches as per initial sketch
12" = 17" gravel

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.

X Signed: _____ date _____ Installed by: Jamie Duggan (owner)

Improvement Permit by: _____ RS date 7/29/05 Operation Permit by: Judy Melvill date 9-6-06

Authorization to Construct by: _____ RS date 7/29/05 Existing System Inspection by: _____ date _____

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