IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88266 PIN# ~~4668938139~~ 4678 03 2944 DATE 3/30/00

OWNER OR CONTRACTOR TODD HOLSHOUSER PHONE: Business _____ Home 662-8195

ADDRESS 1098 MT ULLA HWY MOORESVILLE NC 28115

LOCATION ~~150~~ HWY 801 NORTH - TR JULIETTE - 200 YDS ON LT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.37AC SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. 3gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 12/31/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines ~~5~~ 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAV/PUMP INNOVATIVE

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

Water Supply: ☑ Individual ☐ Public ☐ Community

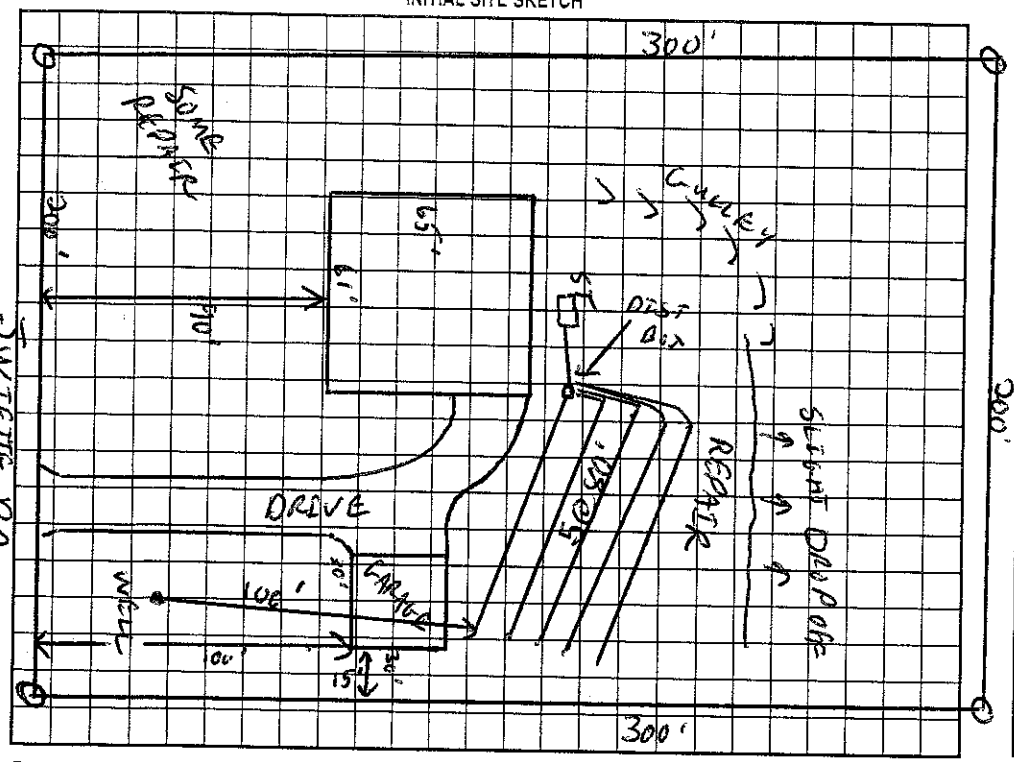
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

(1"=60')

Comments:/Conditions: Installed 4 @ 100' x 3'

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 4-11-00

Improvement Permit by: _____ date 3/30/00

Authorization to Construct by: _____ date 3/30/00

Installed by: Larry Byrum

Operation Permit by: Wesley Sparks RS. date 3/28/01

Existing System Inspection by: _____ date _____

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