IREDELL COUNTY HEALTH DEPARTMENT

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

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

175.00 Paid 2:30 E

PERMIT# 101445 DL PIN# ~~4678 TT 9059~~ 4678 46 5650 DATE 8/6/01

OWNER OR CONTRACTOR John F McCadows PHONE: Business _____ Home 704-664-1804

ADDRESS 217 Wiggins Rd. Mooresville, NC. 28115

LOCATION 150 E on Wiggins Rd. on (R) just before bridge

SUBDIVISION No BLOCK / SECTION _____ LOT 0 LOT AREA ~44 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7/7/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: GRAV-CH PLASTIC iR EZ FLOW

Repair System Description: Pressure - Type 3

Maintenance Agreement Required: ☐ Yes ☒ No PART TIME

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

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

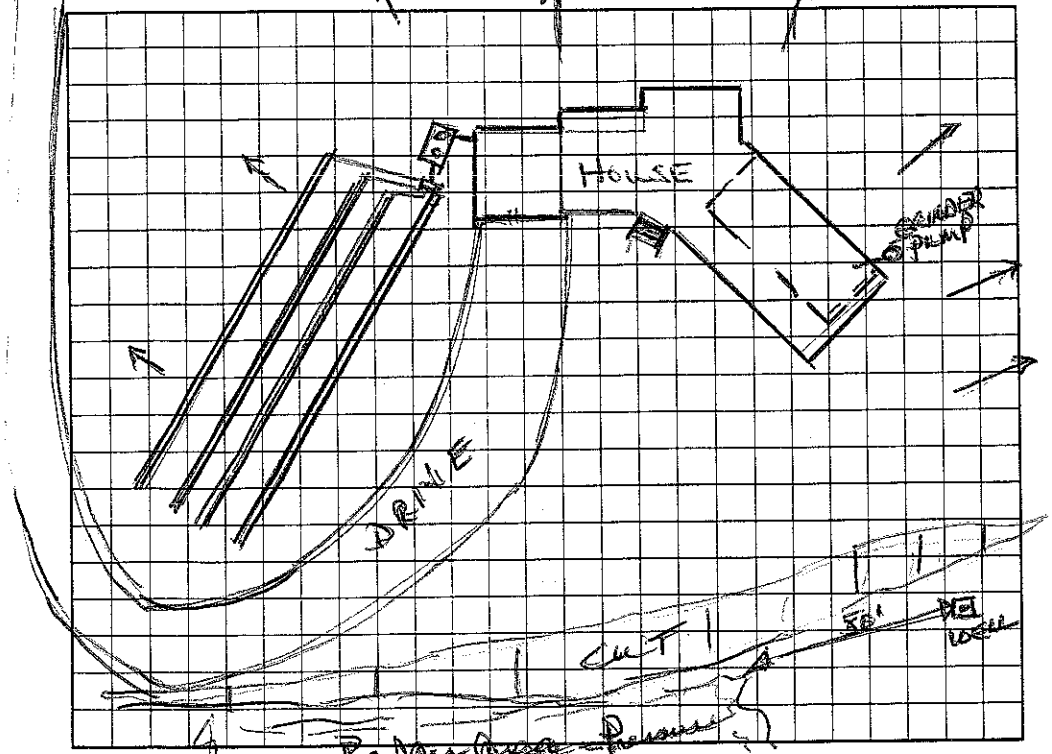
Comments:/Conditions: *25% Reduced

No P/L's CLOSE - NOT TO SCALE

W - TOO STEEP

Comments:/Conditions:

INITIAL SITE SKETCH CUT + FILL



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: Scott Cole date 8/8/01

Improvement Permit by: Wesley Parks RS. date 8/6/01

Authorization to Construct by: Wesley Parks RS. date 8/6/01

Installed by: Larry Beam

Operation Permit by: [signature] RS date 10/22/01

Existing System Inspection by: _____ date _____

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