10:15

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071446 PIN# 4678509376 DATE

OWNER OR CONTRACTOR John Sauber PHONE: Business Home 6060-3174

ADDRESS 338 B S Church St Mooresville, NC 28115

LOCATION Hwy 150 E TL Pineridge last lot on left in cul-de-sac

SUBDIVISION Mooresville County BLOCK / SECTION LOT 14A LOT AREA 5.56 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 6/14/99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet (1) 1200' Linear Feet 400'

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Pump out

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

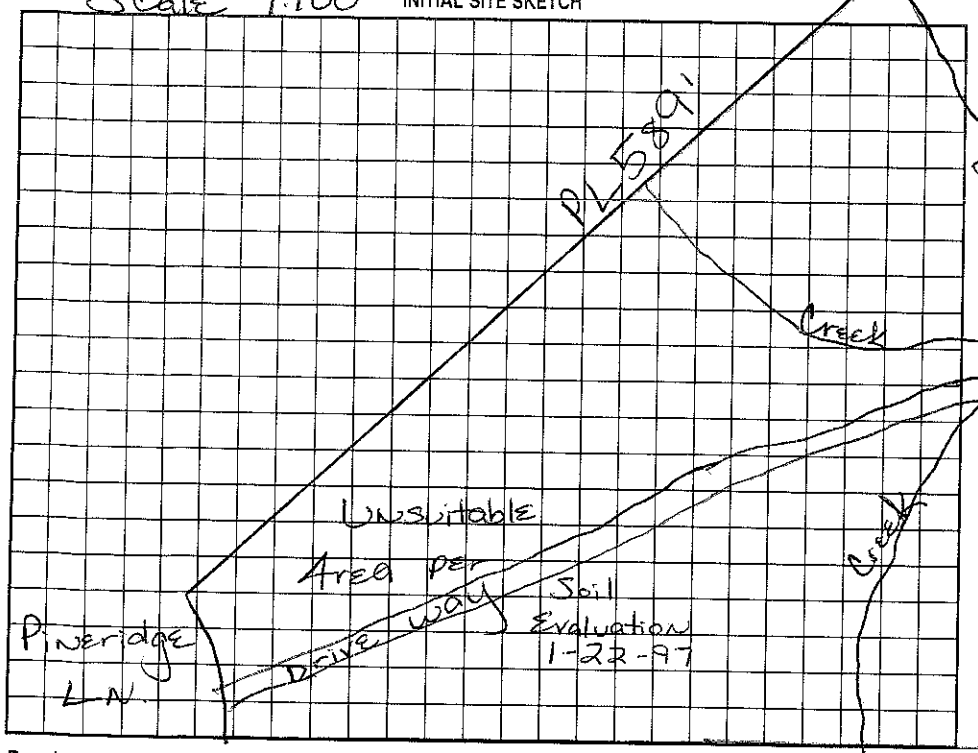
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

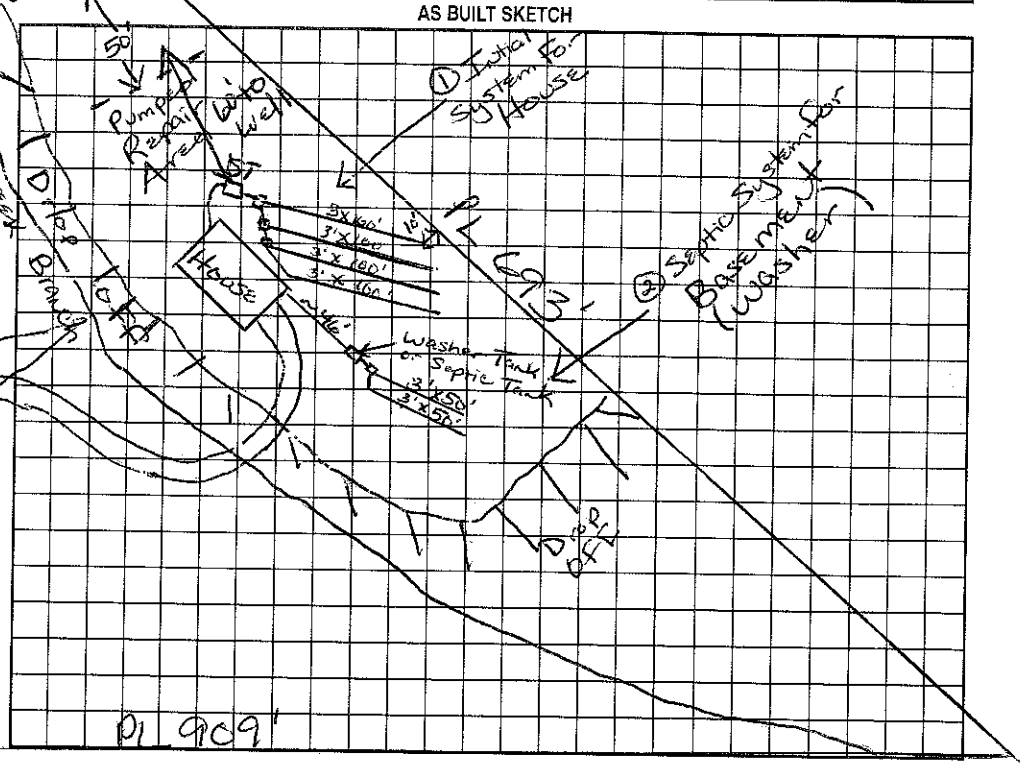
Comments/Conditions: Keep Septic System at least 50' from "Drilled" well & 15' From Side Slope of basement & 10' from PL & 50' from Creek.

Comments/Conditions: (2) Septic System for Basement = 900gal Septic Tank or 75-100gal washer box w/ baffle wall & 2-50' lines on 1-100' line.

Scale 1:100 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: Lisa Sauber date 6/28/99 Installed by: CW Grading & Septic

Improvement Permit by: Maina M. Watson RS date 6/23/99 Operation Permit by: Maina M. Watson RS date 8/19/99

Authorization to Construct by: Maina M. Watson RS date 6/23/99 Existing System Inspection by: date

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