IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 39039 PIN# 4679215162 DATE 11/29/06

OWNER OR APPLICANT MELODY & LYLE RADER PHONE: Business _____ Home _____

ADDRESS 137 BRIDLE PATH LN MOORESVILLE 28117

LOCATION NORTH ON MAIN ST, LT ON HWY 801 (MT. ULLA HWY), LOT ACROSS FROM JCT W/ TRIPLETT RD - ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.089 ACRES SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

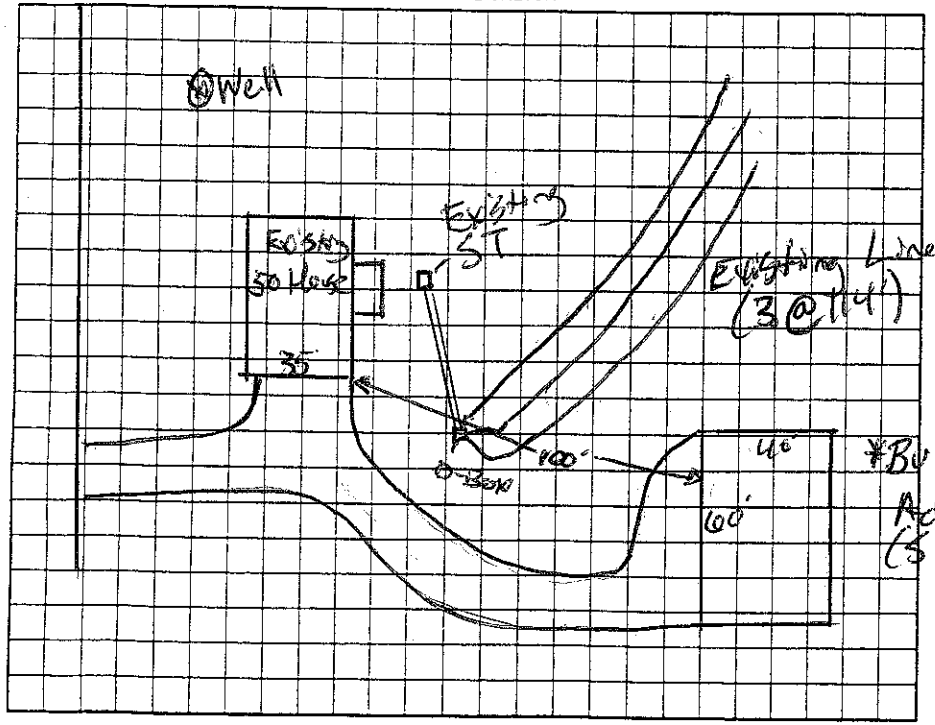
Water Supply: ☐ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ADDITION OF A SHOP GARAGE; + NO BEDS + 1/2 BATH; PLUMBING TIED INTO EXISTING SEPTIC TANK ~ Existing Septic System

Comments:/Conditions: PREVIOUSLY PERMITTED 1987, GRAVITY TYPE II SYSTEM

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: W. Cary Wilson date 12/4/06

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: John E. Alexander date 12/4/06

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