IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 4679419022

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

PERMIT# 144211 PIN# 46794172272.000 DATE 7/26/07

OWNER OR CONTRACTOR April Carrigan PHONE: Business 704-677-3858 Home 704 662-3546

ADDRESS 193 Bailey Rd. Mooresville, NC 28115

LOCATION Hwy 150 E / to Hwy 801 TR Wiggins Rd. On Right Just Past Wiggins Baptist Church.

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1.38ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .375

Septic Tank: 1000 Gallons; STB 760 Date 6/20/07
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model 720' Serial No. 240'
Nitrification Field: No Fields 1 Square Feet 960' Linear Feet 320'
No Lines 4 3 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: Same 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No Installed

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______

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

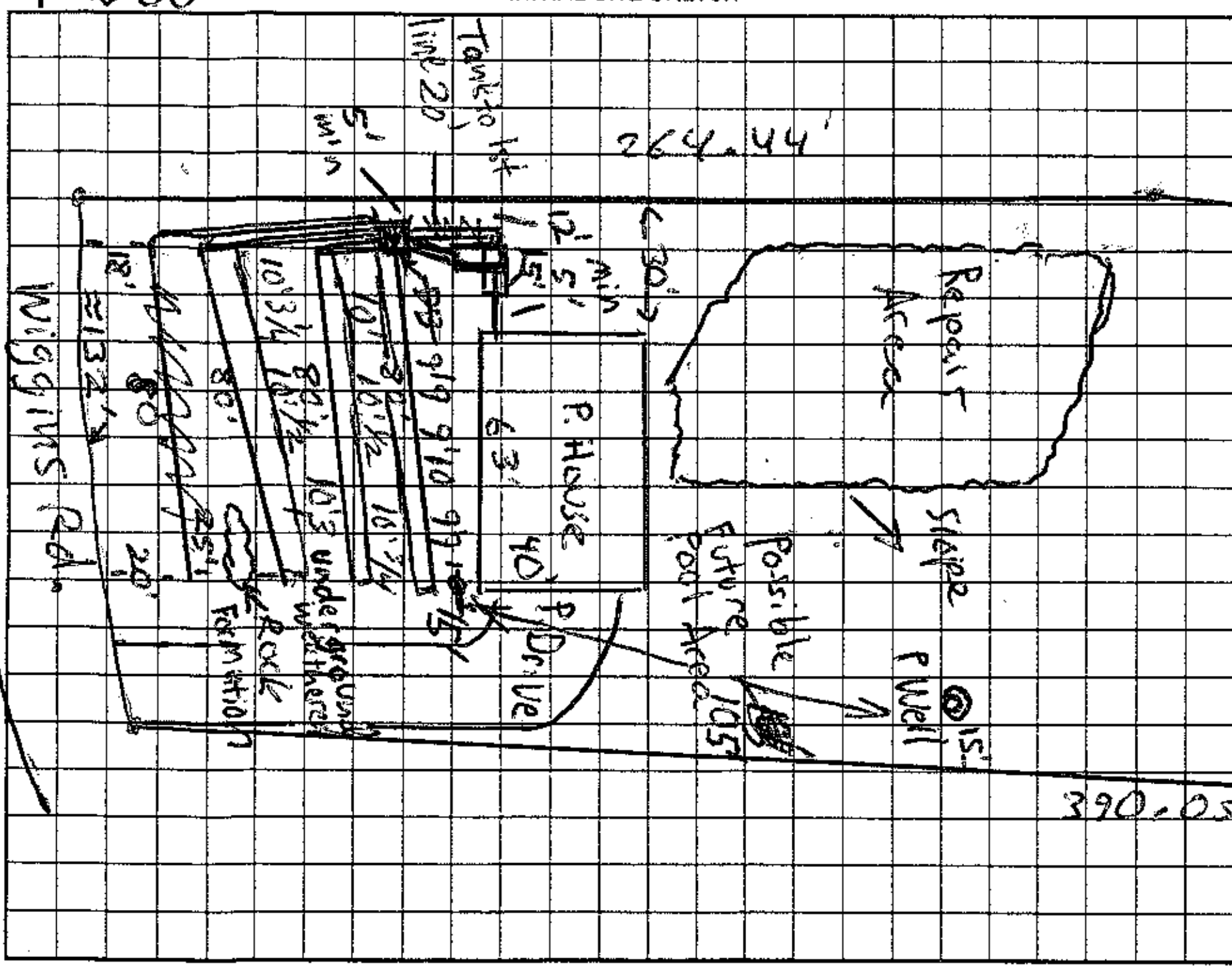
Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions: Use equal distribution with flow levelers or use drop boxes;* follow flags to avoid underground rock formation ≈45' from front property line w/Line 3.
* Call health dept. b/f construction if any questions.

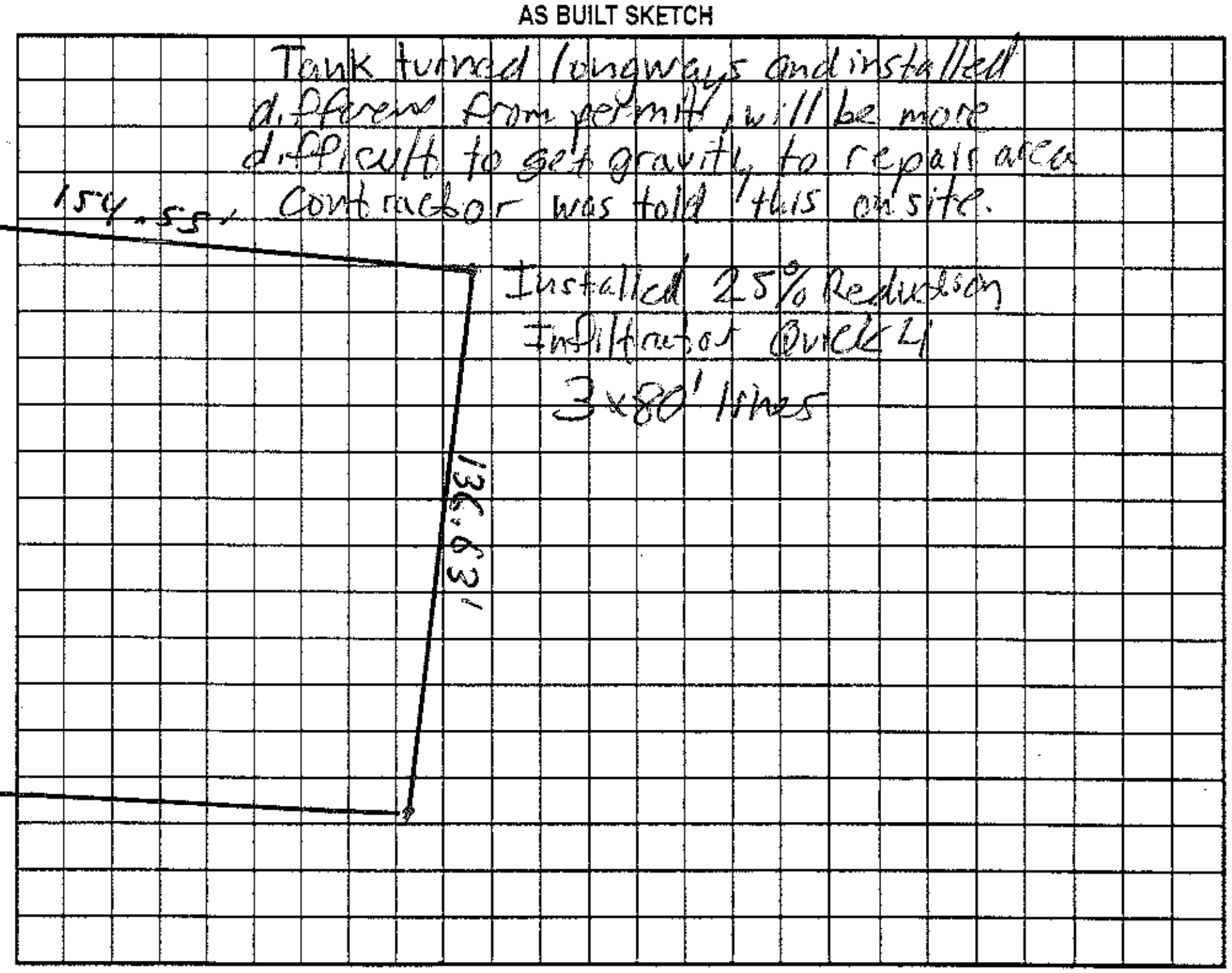
Comments:/Conditions:
* An accepted system may also be used.

1" ≈ 60'

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: April M. Carrigan date 7/27/07 Installed by: Abee Grading

Improvement Permit by: Anthony Coker Jr date 7/26/07 Operation Permit by: Anthony Coker Jr date 10/5/07

Authorization to Construct by: Anthony Coker Jr date 7/26/07 Existing System Inspection by: ______ date ______

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