Paid 125.00 DT

IREDELL COUNTY HEALTH DEPARTMENT

STATESV... 04-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 091653 PIN# 4684183943 DATE 9/19/2000

OWNER OR CONTRACTOR Michael Tyler PHONE: Business _____ Home _____

ADDRESS 169 Rustic

LOCATION Hwy 1365 TL Patterson Farm TR Rustic 1/4 mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.59 Acre SITE CLASS. PS DESIGN FLOW 450 gpd CR. _____

Septic Tank: Existing (1000) Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1500 Serial No. 500

Nitrification Field: No Fields 1 Square Feet ~~1200~~ Linear Feet ~~1400~~

No Lines ~~5~~ (total) at 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity - Conventional ~~Plastic Chambers~~

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

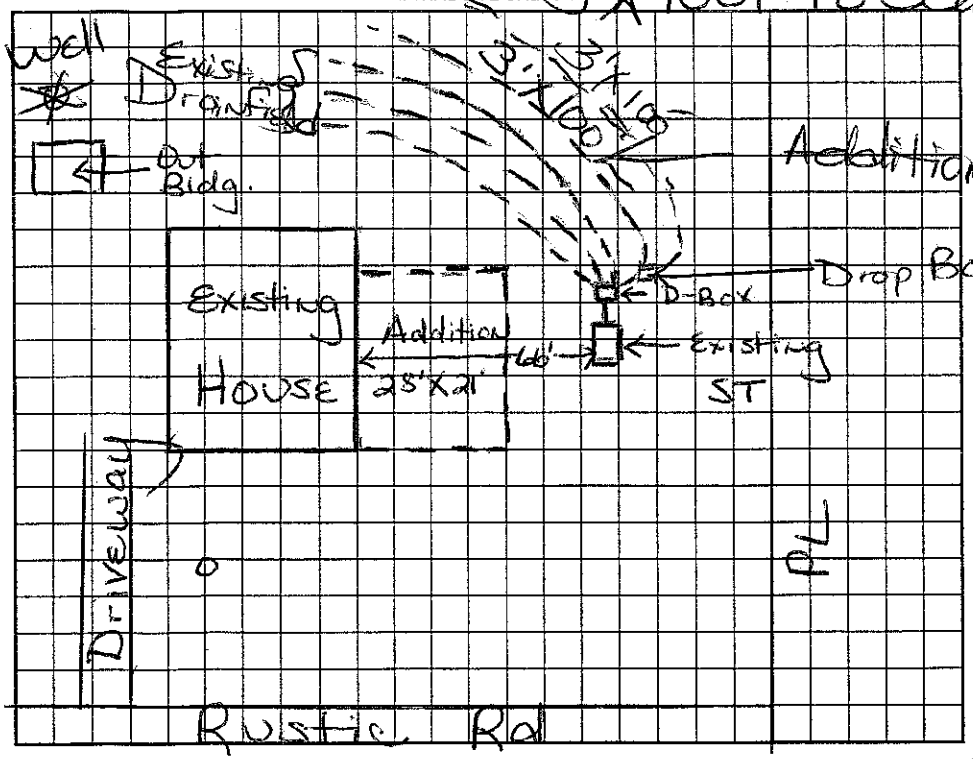
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

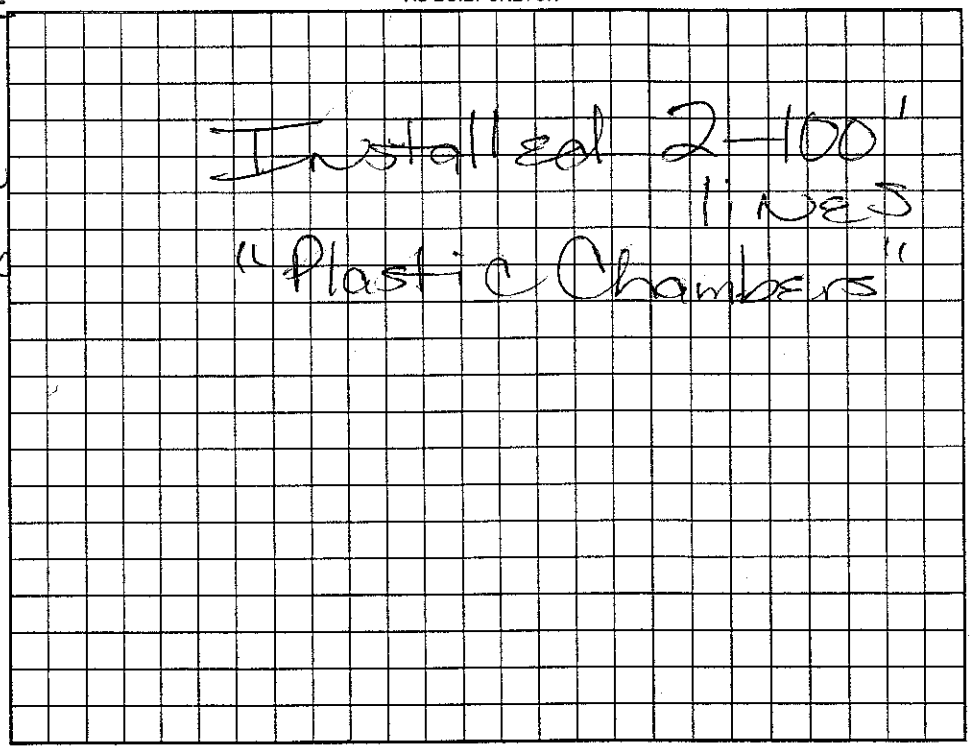
Comments:/Conditions: X Add 1-3'X100' line to Existing Drainfield. Feed off Existing Dist. box or add Drop box to last existing line

Comments:/Conditions: Upgrade to House - Adding 1 extra Bedroom, den & Expanding Living room

INITIAL SITE SKETCH X Not to Scale



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: X _____ date 9/19/2000 Installed by: Wayne Clontz

Improvement Permit by: Marietta Dotson RS date 9/19/2000 Operation Permit by: Marietta Dotson RS date 4/24/2001

Authorization to Construct by: Marietta Dotson RS date 9/19/2000 Existing System Inspection by: _____ date _____

Pd $125.00 9/19/2000 MD

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