IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 976183 PIN# ~~4684 26 1984 (2)~~ 4684-27-4192 DATE 10/19/98

OWNER OR CONTRACTOR Donald Freeze PHONE: Business _____ Home 663-2149

ADDRESS 279 Rustic Rd. Mooresville, NC. 28115

LOCATION Coddle Ck, TL Patterson Farm, TR Rustic Rd. ~ .4 mile on (L) 360 AWS

SUBDIVISION Donald Freeze BLOCK / SECTION _____ LOT 1 LOT AREA 1.01 Ac SITE CLASS. PS DESIGN FLOW ~~330~~ L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 2/11/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1440 Serial No. 480AWS

Nitrification Field: No Fields 1 Square Feet ~~1320~~ Linear Feet ~~440~~

No Lines ~~4~~ 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: GRAVITY - CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms @3 No. Bathrooms 3 No. Employees _____

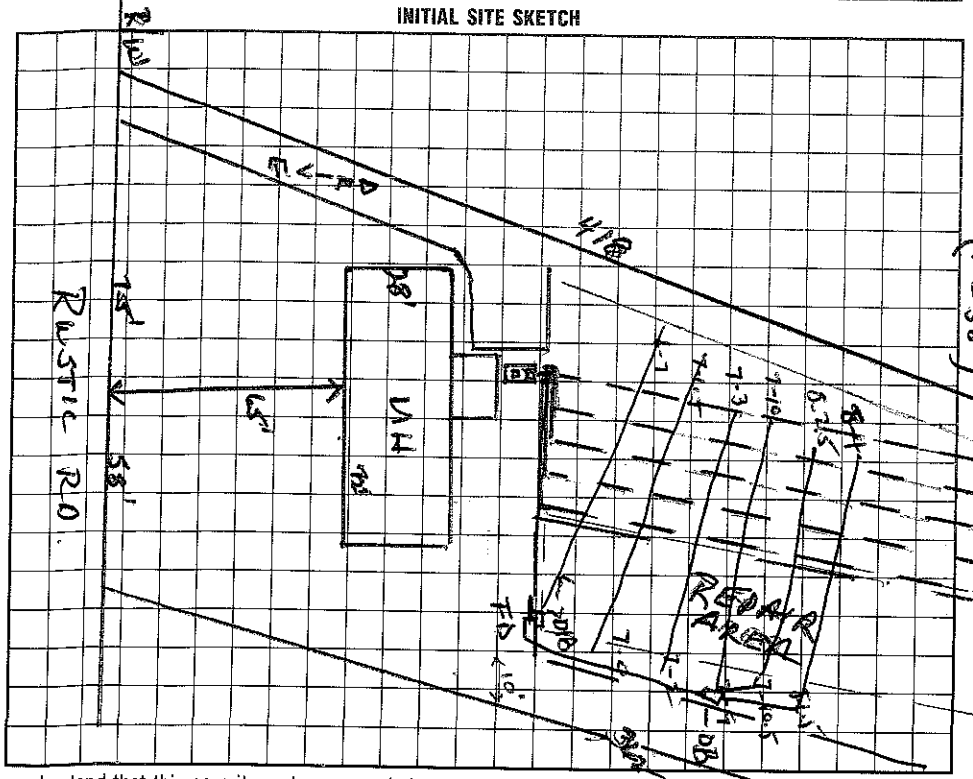
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

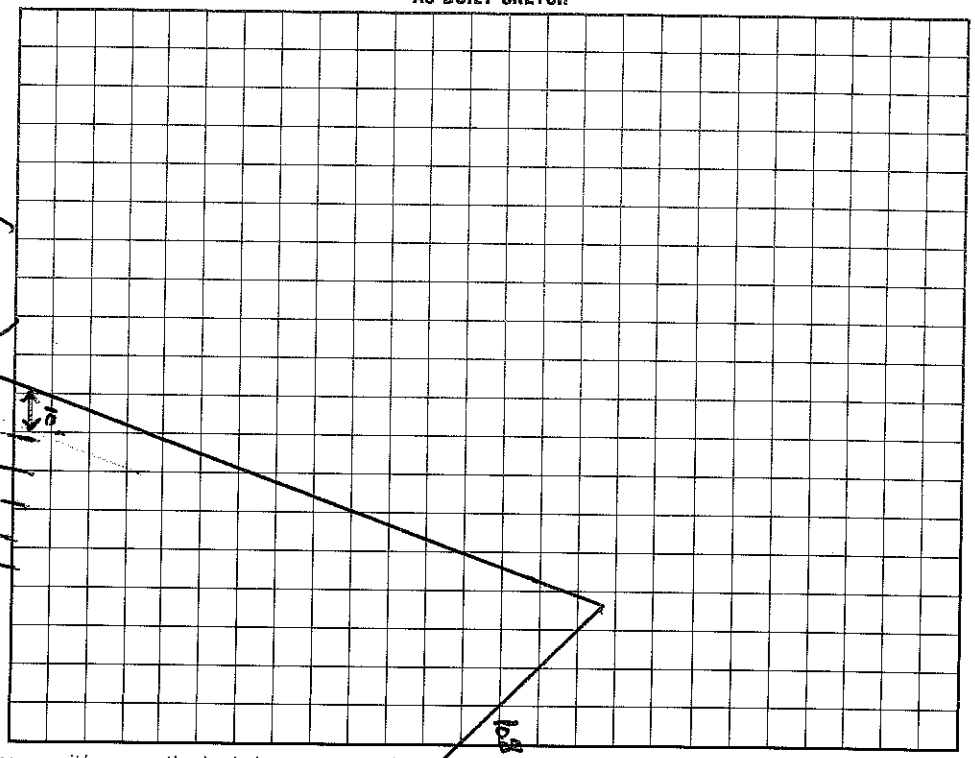
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: _____ date _____

Improvement Permit by: Wesley Sparks RS. date 10/19/98

Authorization to Construct by: Wesley Sparks RS. date 10/19/98

Installed by: Delbert Boston

Operation Permit by: Wesley Sparks RS date 4/14/99

Existing System Inspection by: _____ date _____

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