IREDELL COUNTY HEALTH DEPARTMENT

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

4685-21-0495

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

PERMIT# 093929 PIN# 4685 20 2944 Pt. ~~4685 20 4905~~ DATE 3/25/03

OWNER OR CONTRACTOR Robert McCauley PHONE: Business ~~4685 11 5936~~ Home 704-658-1483

ADDRESS 122 Baldy Peak Ln. Mooresville, NC, 28115 - 612 Patterson Farm Rd.

LOCATION 3 South of Patterson Farm Rd. on (R) past Rustic Rd. ~ 1000' of road

SUBDIVISION Patterson Creek BLOCK / SECTION ____ LOT 3 LOT AREA 15 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines @ 100' @ 30' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

[X] New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY - 25% REDUCED

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

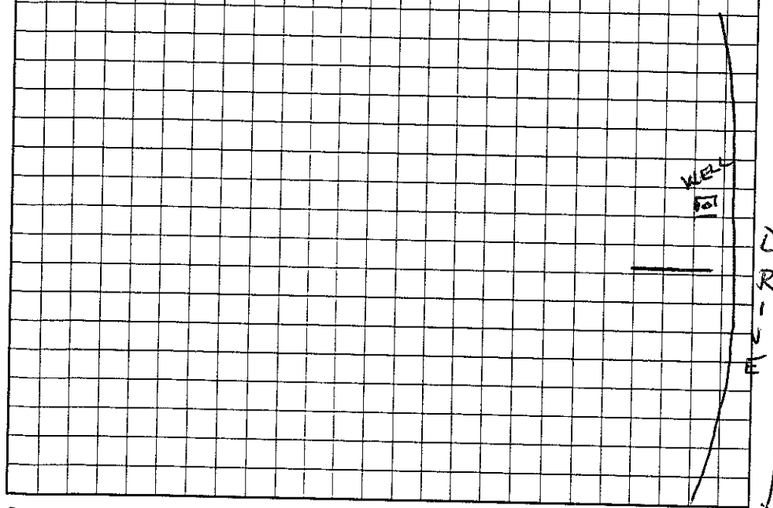
☐ Slab ☐ Crawl Space [X] Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: [X] Individual ☐ Public ☐ Community

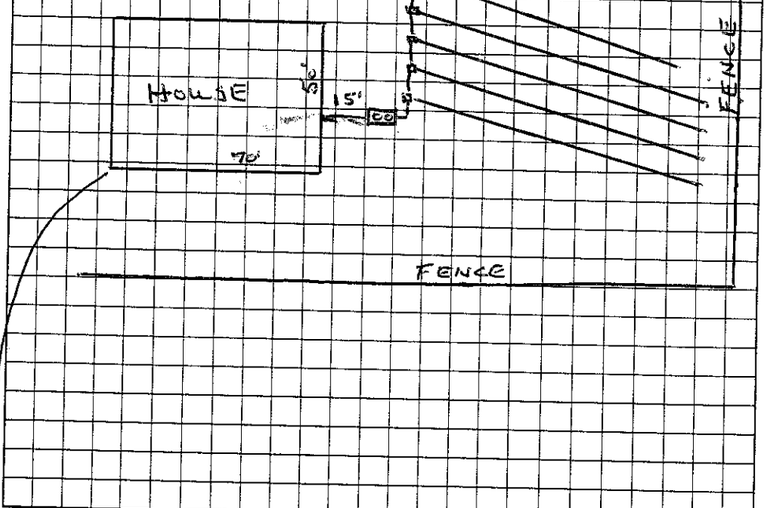
Comments:/Conditions:

Comments:/Conditions: Repair Area.

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: ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: Stanley Septic Service

Operation Permit by: Wesley Sparks REHS. date 3/25/03

Existing System Inspection by: ____ date ____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093929 PIN# 4685 202944 PT DATE 11/16/01

OWNER OR CONTRACTOR ROBERT MCCARLEY PHONE: Business _____ Home _____

ADDRESS 122 BALOEY PRESS LN MOORESVILLE

LOCATION 136(S) - TL PATTERSON FARM - ON RT PAST RUSTIC RD ~1000' OFF OF ROAD

SUBDIVISION PATTERSON CREEK BLOCK / SECTION _____ LOT 3 LOT AREA 15.59AC SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. ~.25 gpd/SF

Septic Tank: 1000 Gallons; STB 794 Date 8/16/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1950 Linear Feet 650

No Lines 5@130' 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

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

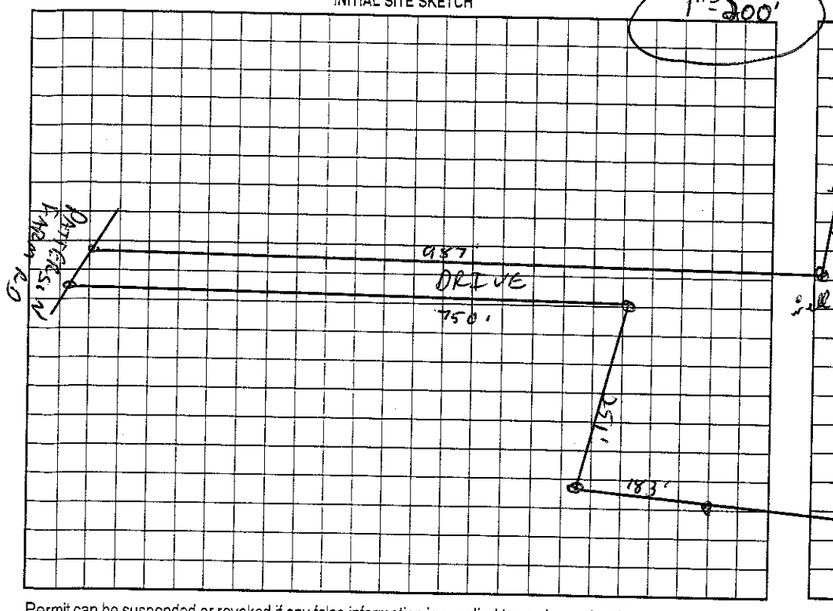
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

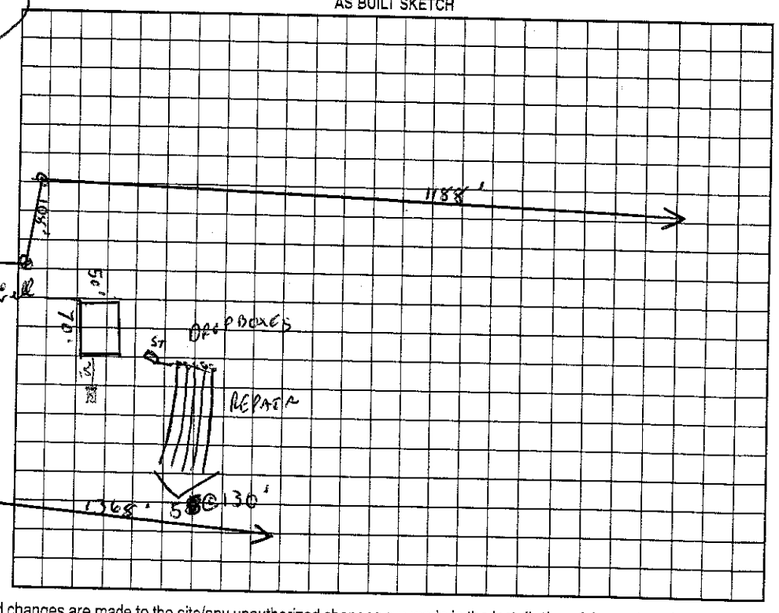
Comments:/Conditions: 5 LINES AT 130' = 650 LINEAR FEET

Comments:/Conditions: PO Box 184 Stanley, NC. 28164

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: _____ date 11-19-01 Installed by: Stanley Septic Service

Improvement Permit by: _____ date 11/16/01 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 11/16/01 Existing System Inspection by: _____ date _____

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