IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

Called 6-26-07 @ 3:50

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

PERMIT# 14223I PIN# 4703-06-2998 DATE 5-22-07

OWNER OR APPLICANT ~~Karen Tate~~ Maclow Building PHONE: Business 704-~~338~~-3147 (902-8819) Home ~~704-660-7819~~

ADDRESS ~~838 Connie's Rd. Mooresville N.C.~~ 124 Emma Lou, Statesville 28625

LOCATION I-40W - Turn Left - Old Mtn. Rd. TR Mock Mill Rd. on Rt.

SUBDIVISION Stewart Acres BLOCK / SECTION ____ LOT 1 LOT AREA 0.627 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 g/ft²/day

Septic Tank: 1000 g Gallons; STB 1013-1000 Date 9-4-06

Pump Tank: 1000 g Gallons; PT 17-1000 Date 3-2-07

Pump Make: Zoeller Model W53M Serial No. 607546447

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines 4 Trench Width ~~24~~ 24" Max Trench Bottom Depth 30" Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 50% Reduction w/ pressure manifold

Repair System Description: 50% Reduct. - cyst - 1

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

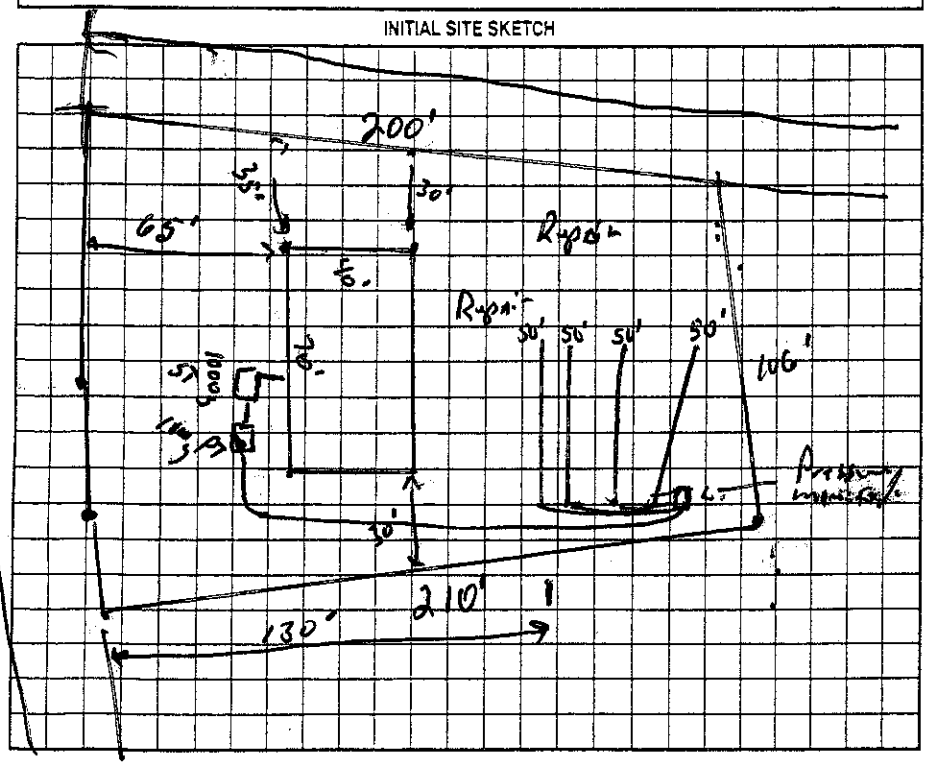
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Install as 4 equal length lines of TDJ Panel - 46 total panels, with pressure manifold.

Comments:/Conditions: Yellow Toff-1; 1ft fill.

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: Tom Maclow date ____

Improvement Permit by: [signature], R.S. date 5-22-07

Authorization to Construct by: [signature] date 7/3/07

Installed by: Steve Jordan

Operation Permit by: [signature] date 12-12-07

Existing System Inspection by: ____ date ____

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