IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116647 PIN# 4710-66-5864 DATE 8-4-05

OWNER OR CONTRACTOR JANET BENTLY PHONE: Business MAIN NUMBER 704 791-0952 Home 704 883-9480

ADDRESS 153 Miles Circle Apt Q MOORESVILLE, NC 28117

LOCATION 215 @ OMR (L) EAST NWBD (R) Pinewild (L) Spring Shore (L) AT LOT #30

SUBDIVISION SPRING SHORE BLOCK / SECTION ____ LOT 30 LOT AREA 1.00AC SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 325 Date 2-27-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 685 Linear Feet 175'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI
System Description: 6RAW 25% REDUCT
Repair System Description: MAX FEASIBLE / PUMP
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth N/A

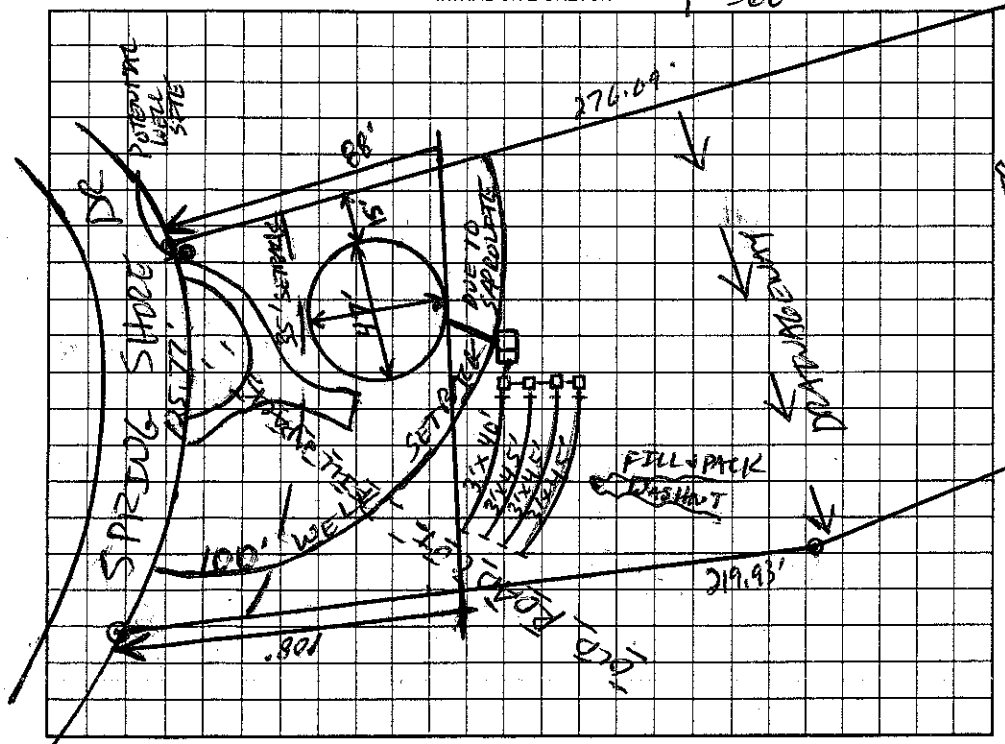
[X] House/Mod. Home No. Bedrooms 2
[ ] Mobile Home No. Bathrooms 1
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

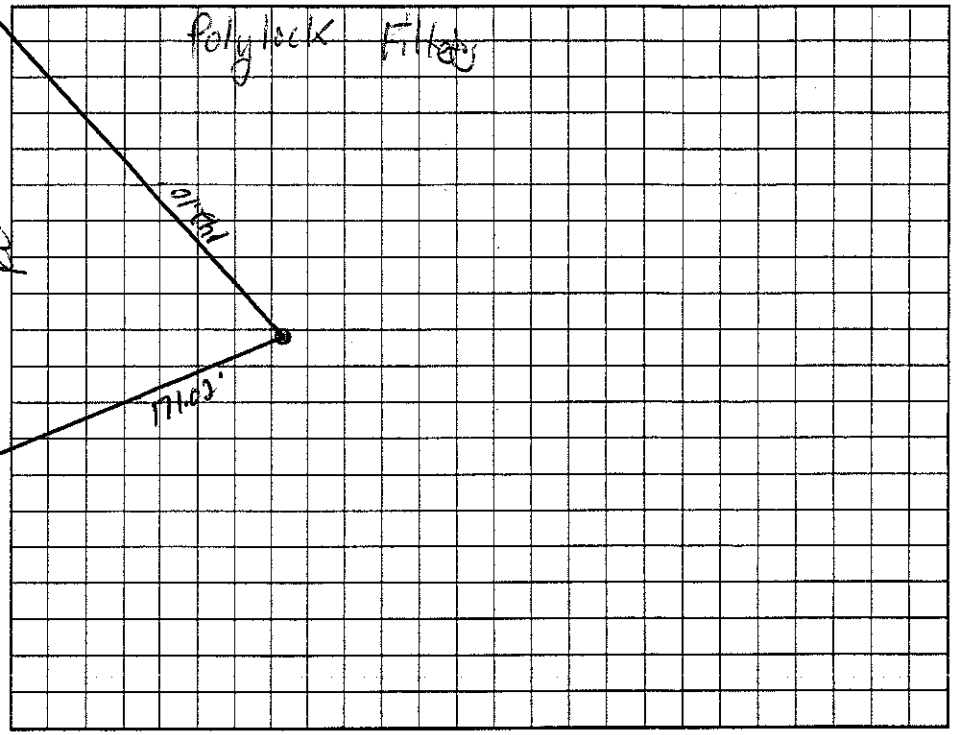
Comments:/Conditions: ① DECK EXTENDS 5' OFF HOUSE, IT IS CANTILEVER SO 5' SETBACK IS OFF HOUSE & NOT DECK. ② DIVERT SURFACE H2O AWAY FROM SYSTEM & FILL & PACK OLD ROAD BED. THIS WILL help Stabilize the hill

Comments:/Conditions: due to 28% SLOPE. ③ F:U & PACK LOWER WAS NOT ④ MAINTAIN SETBACKS ⑤ THIS IS A SAPROLITE SYSTEM ⑥ THIS IS A REDRAW DUE TO Comm. WELL NOT BEING AVAILABLE

INITIAL SITE SKETCH 1" = 60'



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: Janet E Bentley date 8/11/05 Installed by: Rowan Septic

Improvement Permit by: [signature] date 8-9-05 Operation Permit by: [signature] date 3-29-06

Authorization to Construct by: [signature] date 8-9-05 Existing System Inspection by: ____ date ____

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