IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (Y) MOORESVILLE 704-664-5281 (O)

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

PERMIT# 13426 PIN# 4712019031 DATE 5-26

OWNER OR APPLICANT Michael Ward PHONE: Business _____ Home 704-881-2564

ADDRESS Box 3004 Mooresville NC 28117

LOCATION Eufaula RD Mt Carmel Ch at Cheffo Sign after Baptist Church on left

SUBDIVISION M.W. Ward Property BLOCK / SECTION _____ LOT 2 LOT AREA 1.31 SITE CLASS. B DESIGN FLOW 180 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 799 Date 6-5-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 480
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 2570 Gravelless
Repair System Description: Low Pressure Pipe
Maintenance Agreement Required: ☐ Yes ☐ No

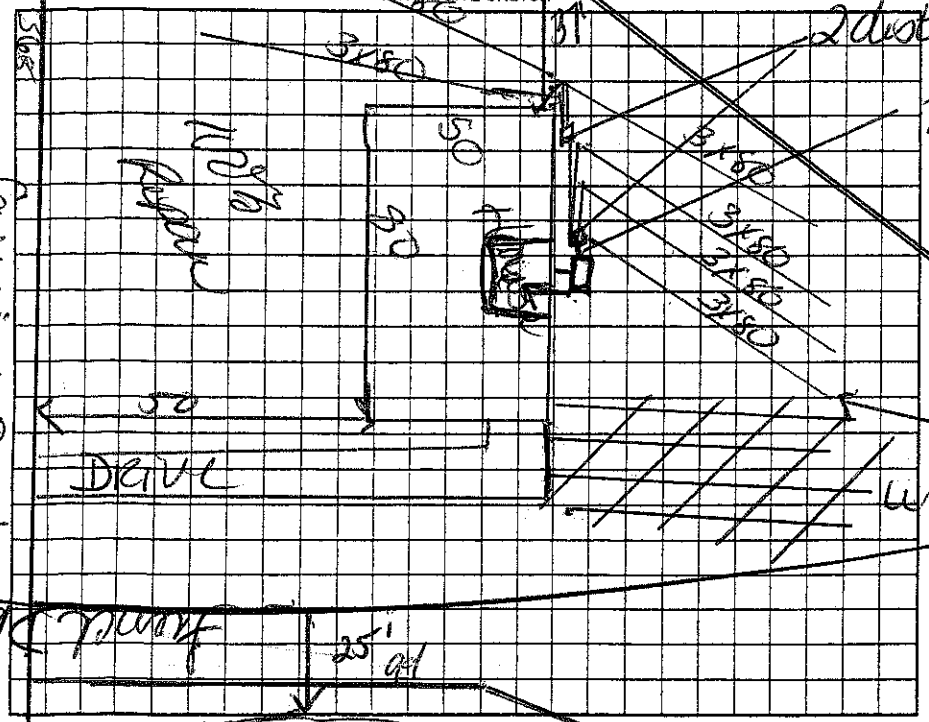
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

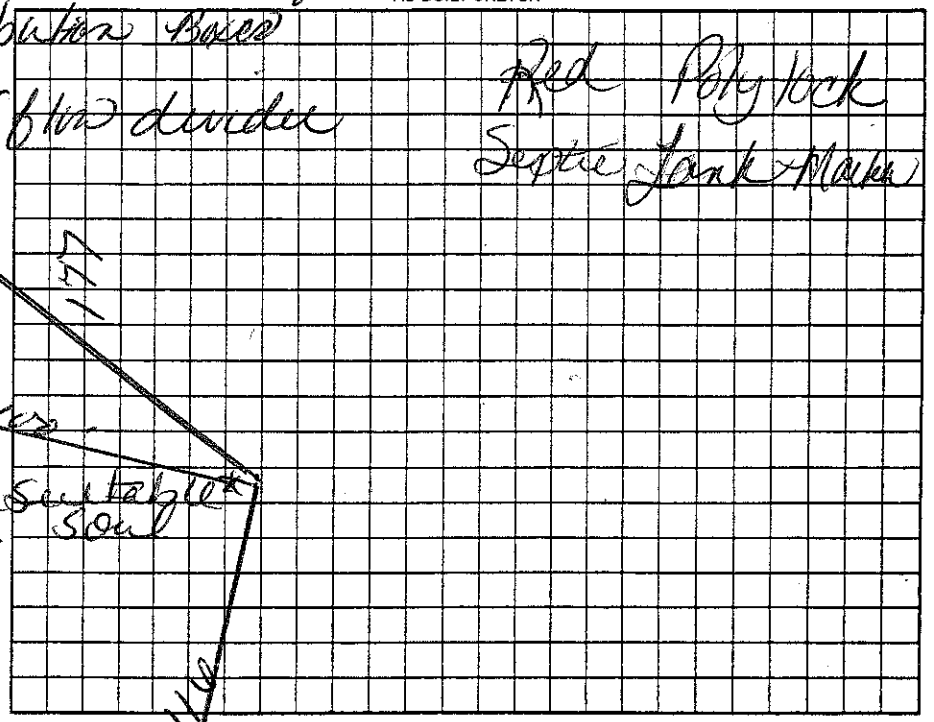
Comments:/Conditions:
Elevated on Contour
Maintain all setbacks

INITIAL SITE SKETCH



Comments:/Conditions:
Use T-flow divider
2 - distribution pipes
for equal distribution

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 _____ Installed by: Dillinger Grading

Improvement Permit by: Kelly Cook date 7-5-06 Operation Permit by: Kelly Cook date 7-17-06

Authorization to Construct by: Kelly Cook date 7-5-06 Existing System Inspection by: _____ date _____

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