IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 165399 PIN# 4721266323 362754 DATE 11-29-05

OWNER OR CONTRACTOR Don Moore PHONE: Business 704-664-5550 Home 704-902-4680

ADDRESS 131 Scotts FC 28117

LOCATION Old Mill RD (R) Trautman Farm RD to end of Pavement

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.35 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-8-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

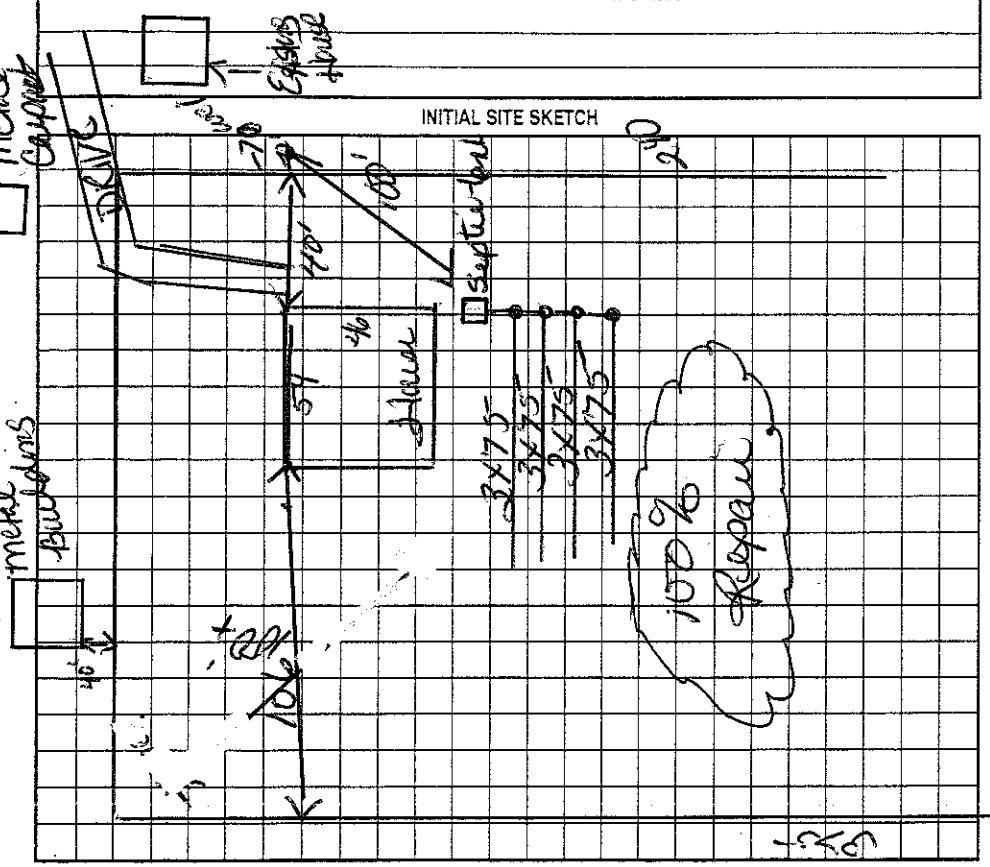
☑ New System ☐ Repair System Type: I II III IV V VI
System Description: 25% Graded
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Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

Shave farm terrace
maintain all set backs
maintain 50' from wells
Needed to use existing well
Yellow Filter
ST marker to risers

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 12-3-05 Installed by: Tommy Frye

Improvement Permit by: _____ date 11-28-05 Operation Permit by: _____ date 3-16-06

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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