(8)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 124960 PIN# 4721-47-8651 5731658709-664-1111 DATE 12-16-04

OWNER OR CONTRACTOR MARTY E. OODY PHONE: Business 704-873-2132 Home 704-799-0868

ADDRESS 197 GABRIEL DRIVE, MOORESVILLE NC 28115

LOCATION ~~[illegible]~~ OLD MOUNTAIN ROAD TO TROUTMAN FARM ROAD 1.5 MILES ON LEFT AT CURVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.45 ACRES± SITE CLASS. PS1 DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

NEW Septic Tank: 1000 Gallons; STB 794 Date 10-25-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 180
NEW No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL pump
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

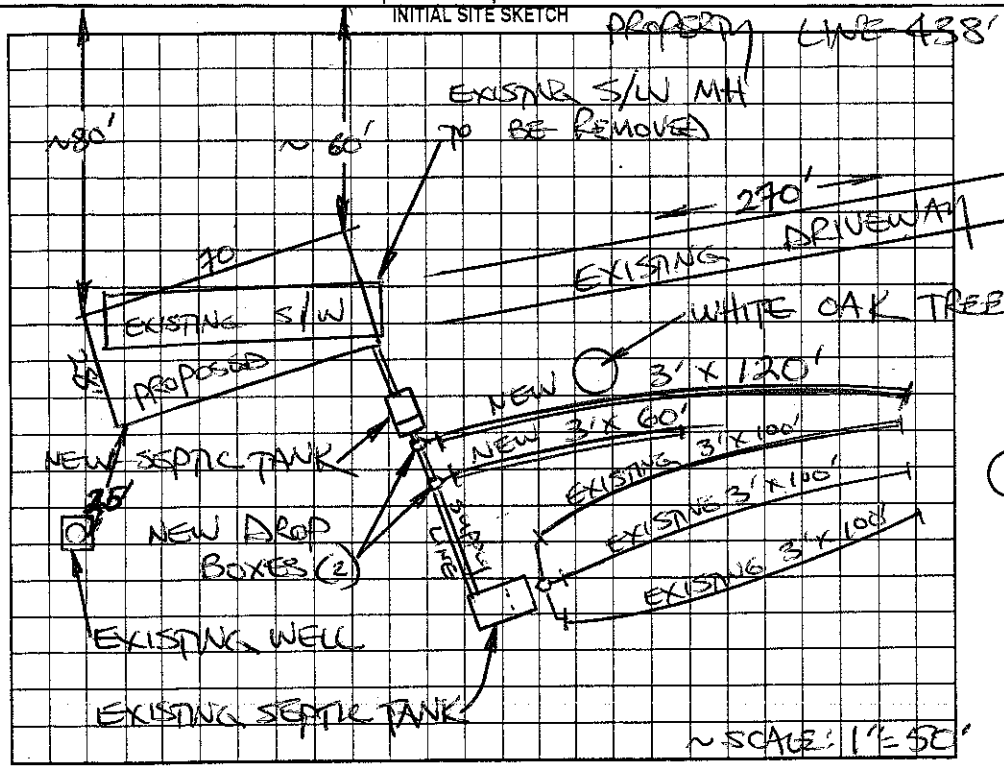
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

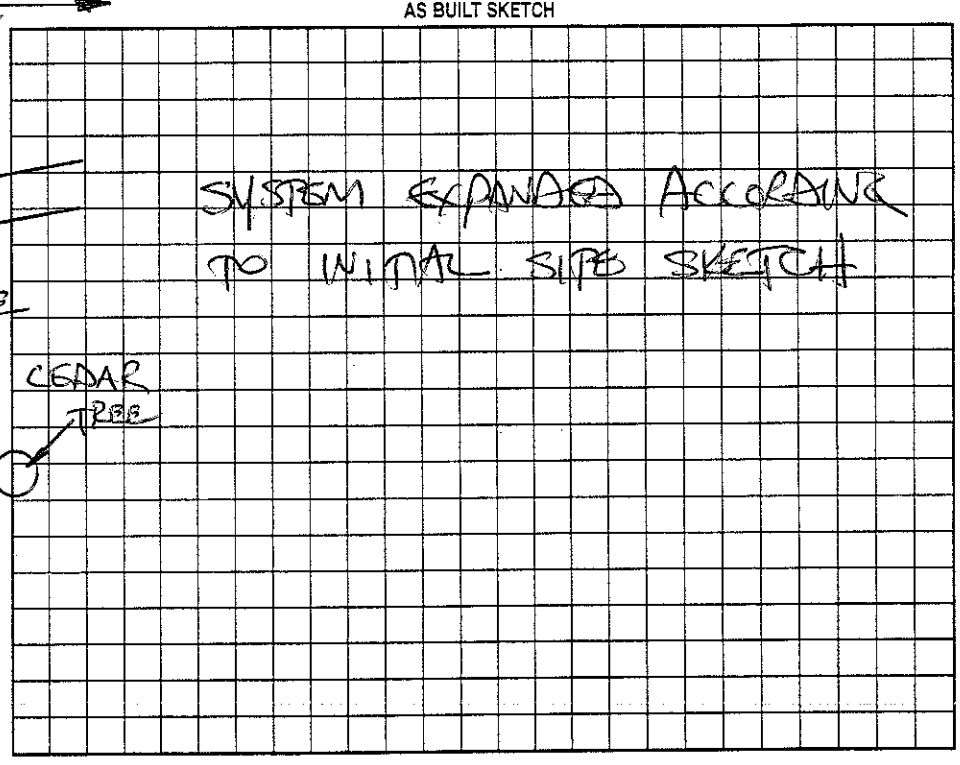
Comments:/Conditions: (1) INSTALL NEW SEPTIC TANK AT LOCATION SHOWN (2) INSTALL NEW DRAINLINES AS FLAGGED ON CONTOUR (3) TIE EXISTING DRAINFIELD IN AS SHOWN USING EXISTING SEPTIC TANK

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING RED "POLYLOK" FILTER

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 12/16/04 Installed by: DENNIS HOYLE SERVICES

Improvement Permit by: STEVE HENDRICK date 12-16-04 Operation Permit by: STEVE HENDRICK date 4-19-05

Authorization to Construct by: STEVE HENDRICK date 12-16-04 Existing System Inspection by: _____ date _____

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