IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80314 PIN# 4721 95 6201 DATE April 5 99

OWNER OR CONTRACTOR Mike STRAW PHONE: Business 663 5569 Home

ADDRESS 140-101 Circle

LOCATION Old MT Rd (R) E Mocksville on Right before Hicks Creek

SUBDIVISION High Grove BLOCK / SECTION LOT 3 LOT AREA .69 SITE CLASS: FS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 5-1-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300 25%

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" Sand

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 25% Reduction

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

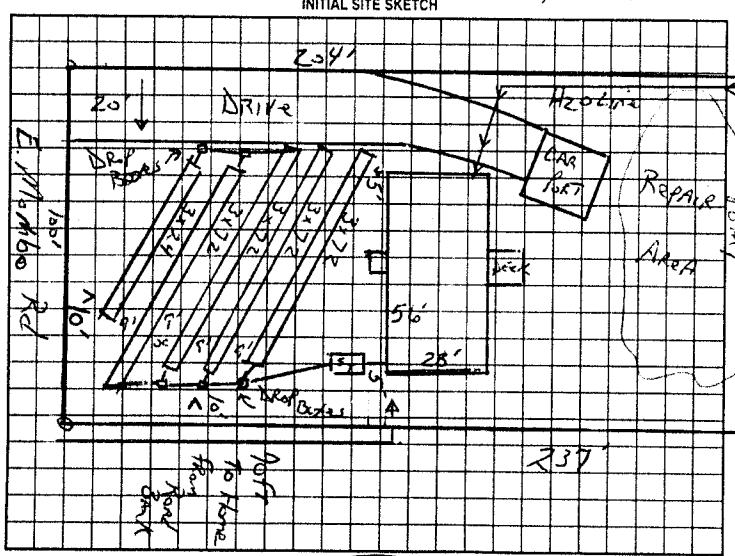
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

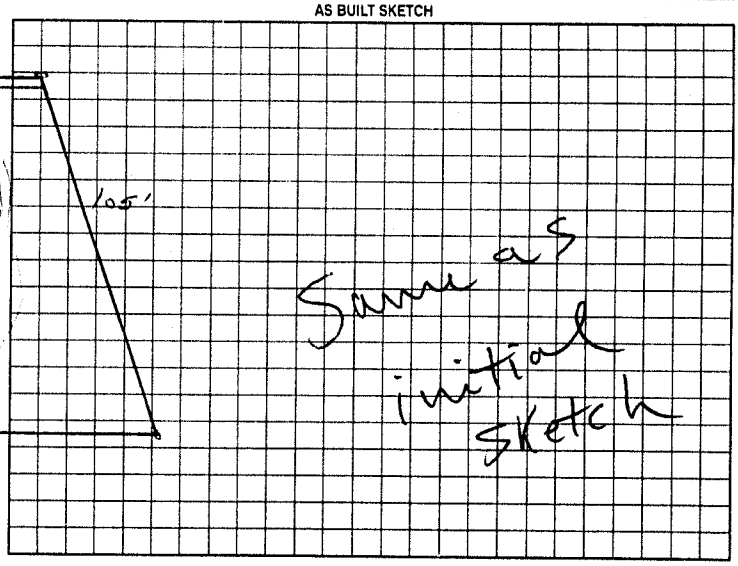
Comments/Conditions: Keep Lines on Contour Locate Home To insure Initial System To be in front. Pump/25% Reduc Repair #Note drop Boxes Keep H2o Lines out of Repair Area. (50 Chambers or 30 HAS Systems)

Comments/Conditions:

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 4/27/99 Installed by: A-1 Backhoe

Improvement Permit by: C. Ritchie Fitts date 4-5-99 Operation Permit by: E. C. Moore date 6-16-99

Authorization to Construct by: C. Ritchie Fitts date 4-5-99 Existing System Inspection by: date

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