IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 119320 PIN# 4722-33-8691 DATE 4-7-04

OWNER OR CONTRACTOR Brad Moffitt PHONE: Business (704) 902-2828 Home

ADDRESS PO Box 6645 Statesville NC 28677

LOCATION Old Mountain Rd @ Compton Park on corner of Maxwell Ln.

SUBDIVISION Compton Park BLOCK / SECTION LOT 35 LOT AREA 6 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 4-25-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth n/a

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity Conv. 25% reduction
Repair System Description: Gravity Panel 50% red.
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

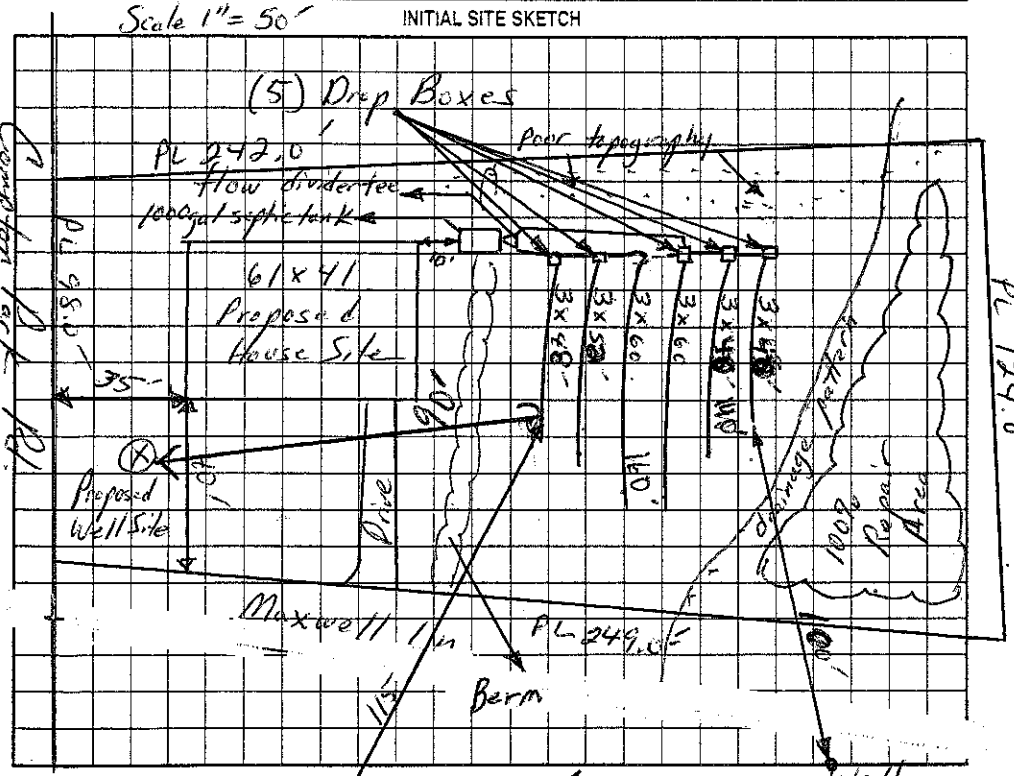
Water Supply: ☑ Individual ☐ Public ☐ Community well

Comments/Conditions: ① Maintain setbacks ② Pack and fill gullies keeping lines at least 5' away ③ Grade berm off beside house ④ Repair area will require french drain if used

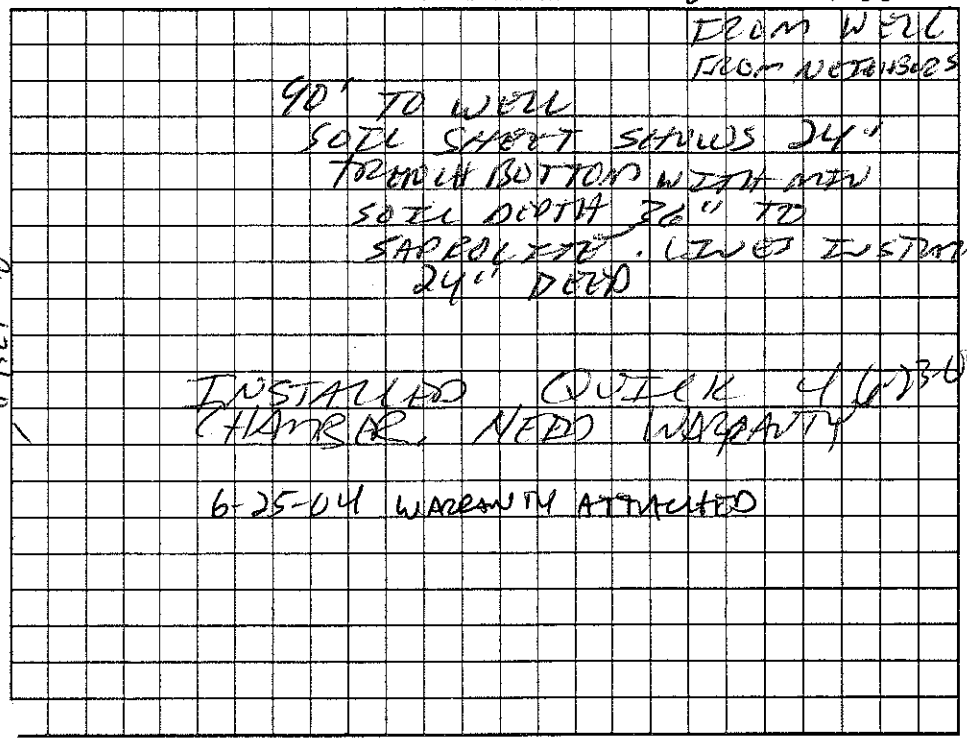
Comments/Conditions: POLYLOK FITTINGS + MARKER INSTALLED AS DRAWN FIRST 3 LINES 160' TOTAL LAST 3 LINES 140' TOTAL THESE SHORTENED UP TO KEEP 100' FROM WELL FROM WETLANDS OUT

Scale 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



INSTALLED QUICK 4 6-23-04
FLANGE. NEED WARRANTY

6-25-04 WARRANTY ATTACHED

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: Well Mo Date 4-1-04
Improvement Permit by: Christopher M. Shuler RS Date 4-7-04
Authorization to Construct by: Christopher M. Shuler RS Date 4-7-04

Installed by: Miller Septic Service 6-25-04
Operation Permit by: [illegible] Date [illegible]
Existing System Inspection by: Date

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