IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES EXPIRED PERMIT # 070080

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

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

PERMIT# 122804 PIN# 4722-58-0387 DATE 8-4-04

OWNER OR CONTRACTOR PAUL BARRY PHONE: Business 704-400-3646 Home

ADDRESS 370 WATER STREET, MOORESVILLE, NC 28115

LOCATION OLD MOUNTAIN ROAD TO RUMPLE HILL DRIVE, LOT ON LEFT AT ST. JOSEPH COURT

SUBDIVISION LIPPARD SPRINGS BLOCK / SECTION IV LOT 71 LOT AREA 0.74 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-20-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR 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: 50% REDUCTION, LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

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

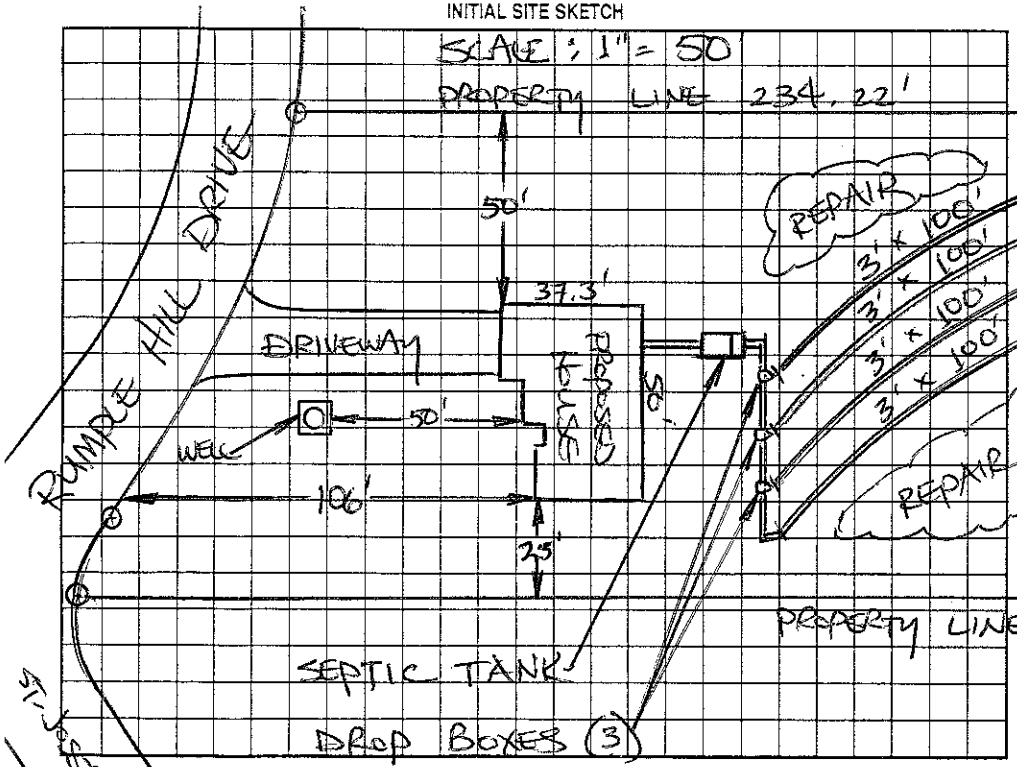
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① INSTALL DRAINLINES ON CONTOUR AS SHOWN ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER. ② SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: RCB date 8-4-04 Installed by: FOREST STAFFORD

Improvement Permit by: STEVE HEDRICK date 8-4-04 Operation Permit by: STEVE HEDRICK date 12-2-04

Authorization to Construct by: STEVE HEDRICK date 8-4-04 Existing System Inspection by: ____ date ____

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