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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102957 PIN# 4722-96-0447 DATE 10/26/01

OWNER OR CONTRACTOR Thomas Rozar PHONE, Business _____ Home 663-6288

ADDRESS 246 Valley View Rd Mooresville NC 28117

LOCATION OMF TL Wallace Springs, TL Charis on Lt

SUBDIVISION Williams Farm BLOCK / SECTION _____ LOT 33 LOT AREA 0.735AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .43

Septic Tank: 1000 Gallons: STB 760 Date 9-30-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I (1) III IV V VI
System Description: Gravity Conventional / 25% Reduction
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

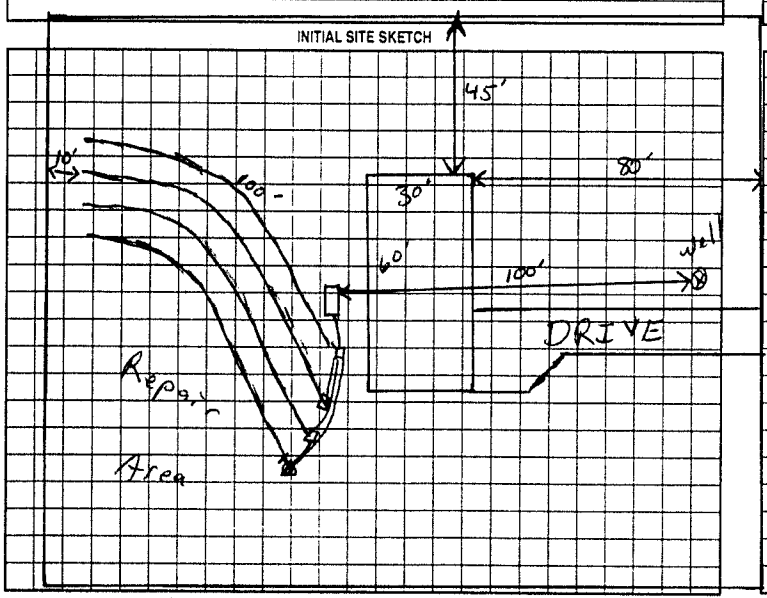
X House/Mod. Home No. Bedrooms 3/2
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Can use Drop Boxes or D-Box - Keep Well 100' from Septic System

1" = 40'

INITIAL SITE SKETCH



Comments/Conditions: (1) SYSTEM INSTALLED AS SHOWN / DREW OUT. (2) FIRST TWO LINES ON CONTOUR & LAST TWO LINES WENT OUT OF CONTOUR BUT INSTALLED according to drawing (3) INSTALLED DURING WET SOIL CONDITIONS

AS BUILT SKETCH

(4) USED DIST BOX ON EACH LINE & SHOT ELEVATION OF OUTLET & WILL NOT EXIT OUT OF GROUND
(5) USED SPEED LEVELERS

ZABEL FILTER

Charis Ln.

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 _____ Installed by: M. Miller Excavating

Improvement Permit by: _____ RSI date 10/26/01 Operation Permit by: _____ date 12-17-01

Authorization to Construct by: _____ RSI date 10/26/01 Existing System Inspection by: _____ date _____

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