(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148757 PIN# 4738-02-3929 DATE 19 March 08

OWNER OR APPLICANT William Chad Stroud PHONE: Business 704-872-9857 Home 704-799-2721

ADDRESS 111 Bosbury Dr. Mooresville, N.C. 28115

LOCATION Hwy 115N TL Pisgah Th Treeback TR Hidden River - Lot 16 on left.

SUBDIVISION Hidden River BLOCK / SECTION 2 LOT 16 LOT AREA 2.55Ac. SITE CLASS. 1 2 3 5 DESIGN FLOW 360gld L.T.A.R. 0.30 gl/ft.²/d

Septic Tank: 1000 Gallons; STB 760 Date 3-10-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

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

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions:
Follow contour / Honor all setback requirements.

Comments/Conditions: Tuff-Hole fill.

INITIAL SITE SKETCH

Please see Attached Layout plan.

AS BUILT SKETCH

Installed As Drawn on Layout

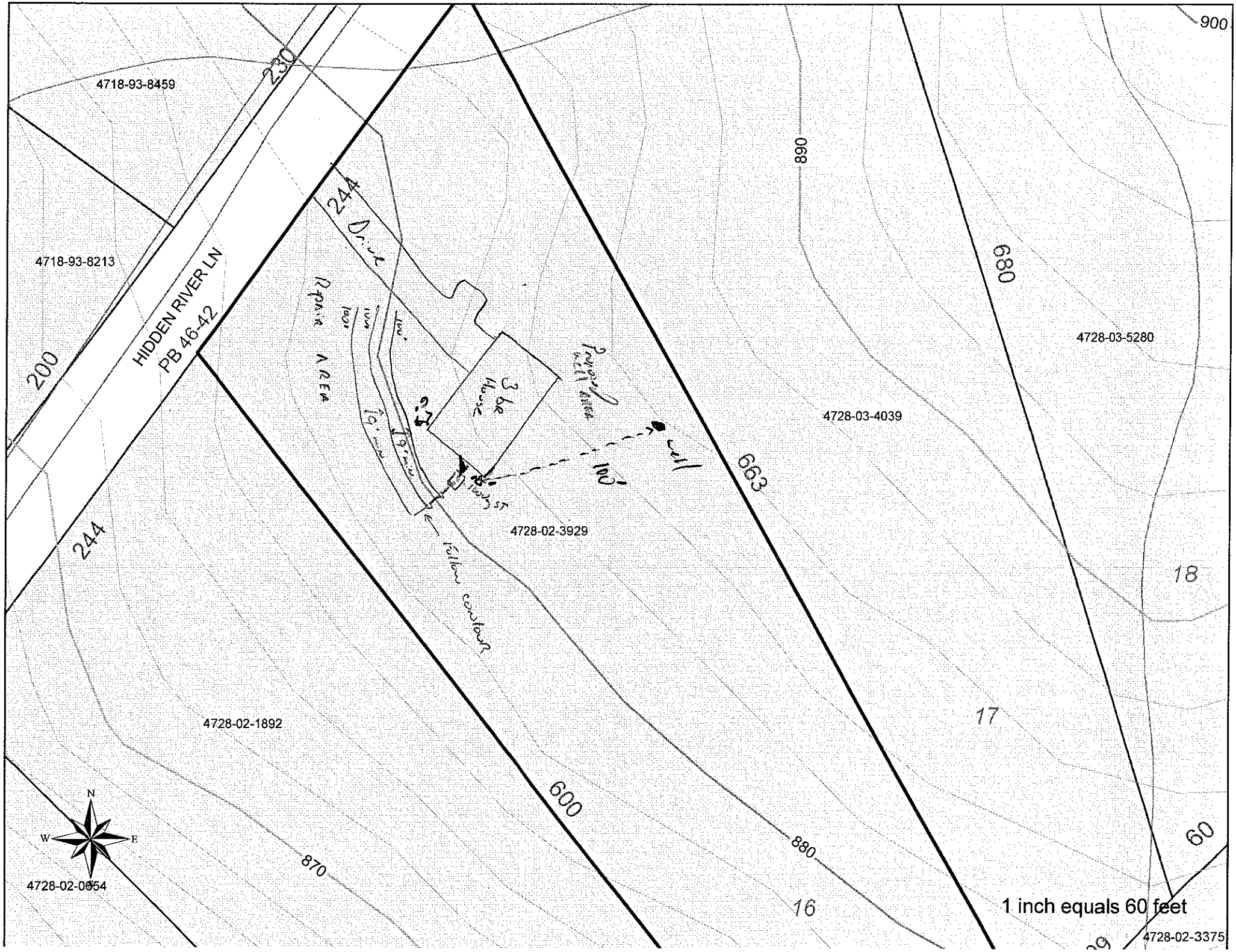
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Chad Stroud date 3/19/08 Installed by: A-1 Backhoe

Improvement Permit by: _____, R.S. date 19 March 08 Operation Permit by: _____, R.S. date 11 June 08

Authorization to Construct by: _____, R.S. date 19 March 08 Existing System Inspection by: _____ date _____

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


4718-93-8459
4718-93-8213
HIDDEN RIVER LN
PB 46-42
230
200
244
244 Drive
Repair Area
3 bdr House
Propane tank
100'
Well
Yellow contour
4728-02-3929
4728-03-5280
4728-03-4039
4728-02-1892
4728-02-0654
4728-02-3375
900
680
663
600
880
870
60
18
17
16
N
W
E
1 inch equals 60 feet