IREDELL COUNTY HEALTH DEPARTMENT

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

130.00 Tag

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

PERMIT# 114579 PIN# 4730-05-7028.03 4730056764 DATE Sept 10, 04

OWNER OR CONTRACTOR Russ Cockham / Touchstone Dev. Inc. PHONE: Business _____ Home _____

ADDRESS 105 Wildwood Edge Dr. Mooresville NC 28117

LOCATION State Park Rd. TR Hicks Creek Rd. TL Leah Lane on Right at Cul-D-Sac

SUBDIVISION Sarahs Creek BLOCK / SECTION II LOT 3 LOT AREA .72Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 12-15-04

Pump Tank: 1000 Gallons; PT 302 Date 10-16-04

Pump Make: Zoeller Model N-98 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 9m - 25% Reduction

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

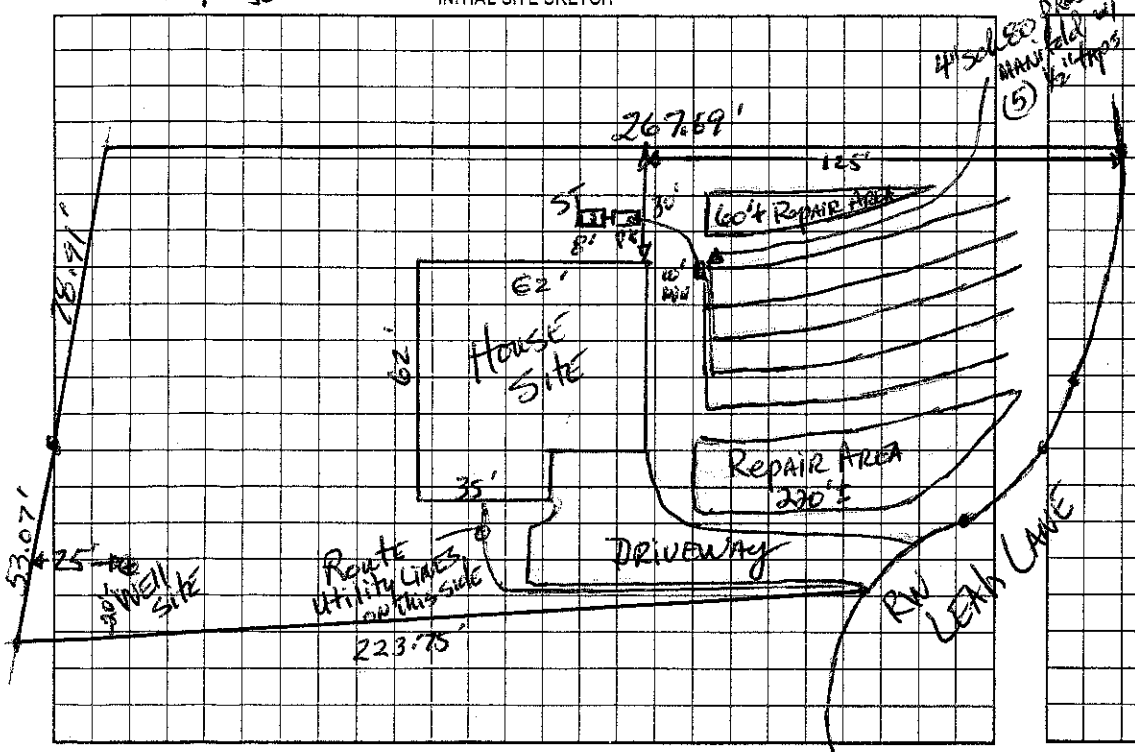
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "PolyLok" FILTER. SYSTEM PRESSURE CHECKED 3-2-05, OK, RSH.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

V'D ELECTRICAL 5'±OC LL EVERYTHING V'D

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 9/10/04

Improvement Permit by: _____ date 9-10-04

Authorization to Construct by: _____ date 9-10-04

Installed by: Rowan Septic

Operation Permit by: _____ date 5-6-05

Existing System Inspection by: _____ date _____

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