IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 114576 PIN# 4730-05-7028.1 DATE Nov. 12, 04

OWNER OR CONTRACTOR Touchstone Dev. // Russ Graham Bldrs. PHONE: Business _____ Home _____

ADDRESS 105 Willwood Cove DR. Mooresville, N.C. 28117

LOCATION Perth Rd N. TL State Park Rd. TR Hicks Creek Rd. TL Leah Lane 1st lot on Right fronting Leah Lane

SUBDIVISION Sarahs Creek BLOCK / SECTION _____ LOT 1 LOT AREA .72Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. 3 w/ this Sys

Septic Tank: 1000 Gallons; STB 825 Date 2-4-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity pumped 25-50% Red

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

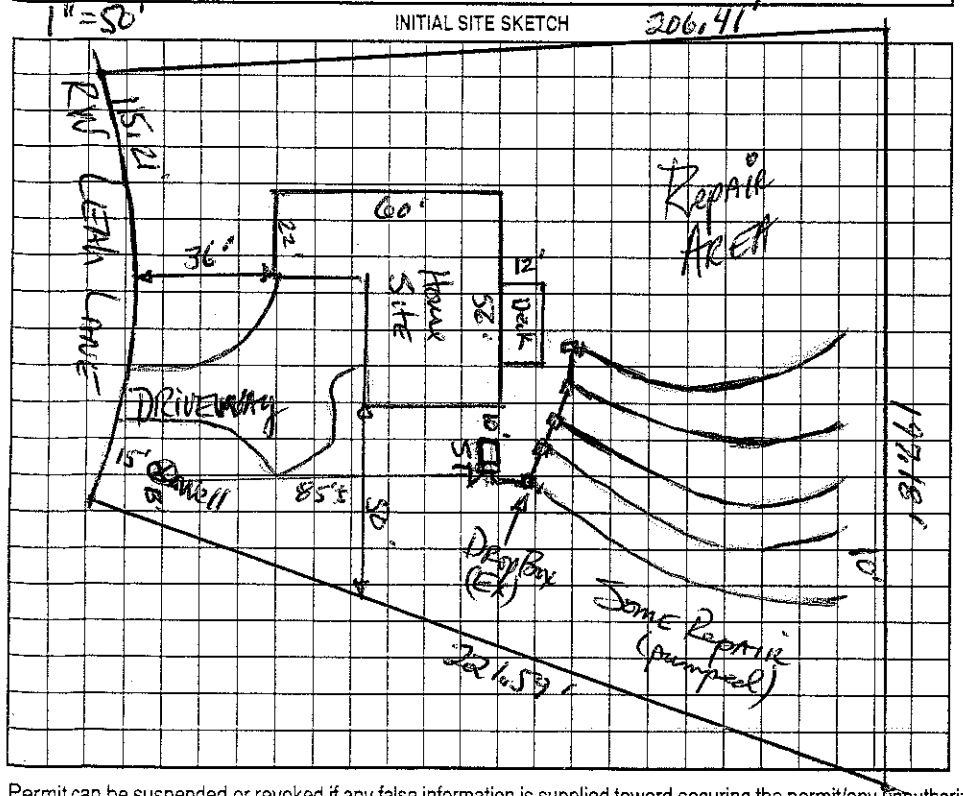
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: POLYLINE EFFLUENT + MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN

WELL NOT INSTALLED AT TIME OF CHECK

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: Russ Graham date 12/22/04 Installed by: ROWAN SEPTIC

Improvement Permit by: DR Hinson jRS date 11-12-04 Operation Permit by: [signature] date 4-26-05

Authorization to Construct by: DR Hinson jRS date 11-12-04 Existing System Inspection by: _____ date _____

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