IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113687 PIN# 4730-05-7646 DATE 07/23/03

OWNER OR CONTRACTOR RUSS GRAHAM PHONE: Business 704-528-9120 Home 704-201-9885

ADDRESS 105 WILDWOOD COVE DR. MOORESVILLE, NC 28117

LOCATION STATE PARK RD. (R) HICKS CREEK RD., ~0.3 MILES ON LEFT.

SUBDIVISION ~~HICKS CREEK HOMES~~ BLOCK / SECTION 2 LOT 2 LOT AREA 0.65 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.25 GPD/FT²

SARAH'S CREEK

Septic Tank: 1,000 Gallons; STB 825 Date 1-24-01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ to 1,440 Linear Feet 250

No Lines 5 @ 50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUC., LOW PRESS.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

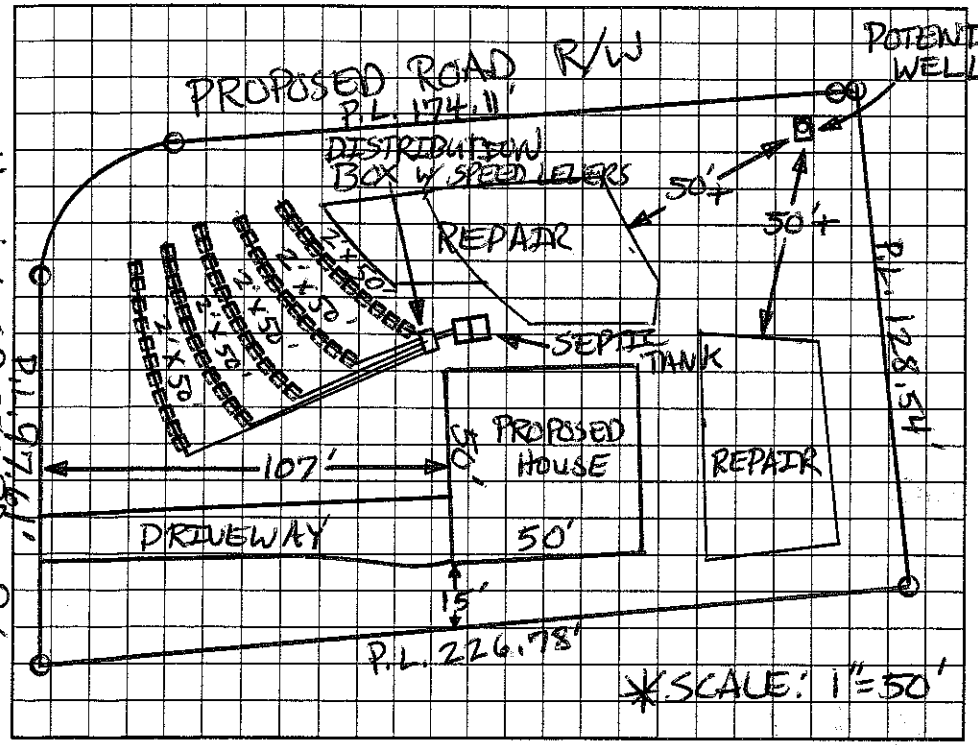
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) USE 1 DISTRIBUTION BOX WITH SPEED LEVELERS TO ACHIEVE EQUAL DISTRIBUTION, (2) USE 11 PANELS PER LINE (55 PANELS TOTAL TO EQUAL 250'), (3) GRADE OUT FIELD TERRACE IN SYSTEM AREA TO CREATE UNIFORM SLOPE

POLYLOK FILTER + MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN 15' OFF 2' CUT EMBANKMENT

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: [signature] date 8/8/03 Installed by: ROWAN SEPTIC

Improvement Permit by: Patsy Mitchell date 07/23/03 Operation Permit by: [signature] date 4-7-04

Authorization to Construct by: Patsy Mitchell date 08/08/03 Existing System Inspection by: ____ date ____

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