IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114684 PIN# 4730-05-7028.8 9109 DATE Nov. 16, 04

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

ADDRESS 105 Wildwood Cove Dr. Mooresville, N.C. 28117

LOCATION Perth Rd N. TR State Park Rd TR Hicks Creek Rd. TR Lenk Lane on left NEAR end

SUBDIVISION Sarah's Creek BLOCK / SECTION _____ LOT 8 LOT AREA .70 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 3-31-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1000~~ 1440 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

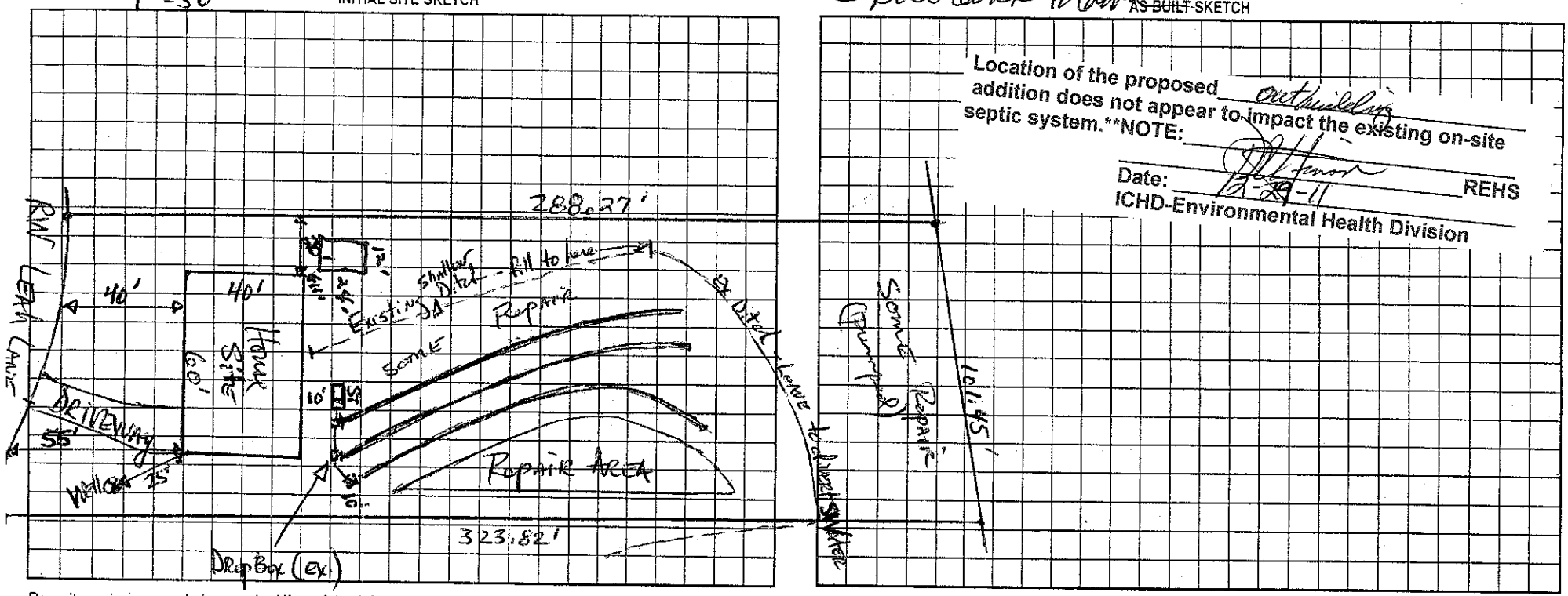
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Install on contour — Maintain 100 feet from well to Septic system

Comments:/Conditions: Blue Poly lock Septic tank marker

1"=50' INITIAL SITE SKETCH

AS BUILT SKETCH



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 12/22/04 Installed by: R&W Septic

Improvement Permit by: _____ date 11-16-04 Operation Permit by: _____ date 5-11-06

Authorization to Construct by: _____ date 7-29-05 Existing System Inspection by: _____ date _____

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