IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 67284 PIN# 4732 97 5808 DATE 11/20/00

OWNER OR CONTRACTOR Andrea Moore PHONE: Business _____ Home (704) 278-9435

ADDRESS 288 Springway Ln. Cleveland NC 27013

LOCATION 21S, L Moose Club, L Skyuka 2nd on Rt

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB RST Date 11-1-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Rd
Repair System Description: Grav/Pump Panel
Maintenance Agreement Required: ☐ Yes ☒ No

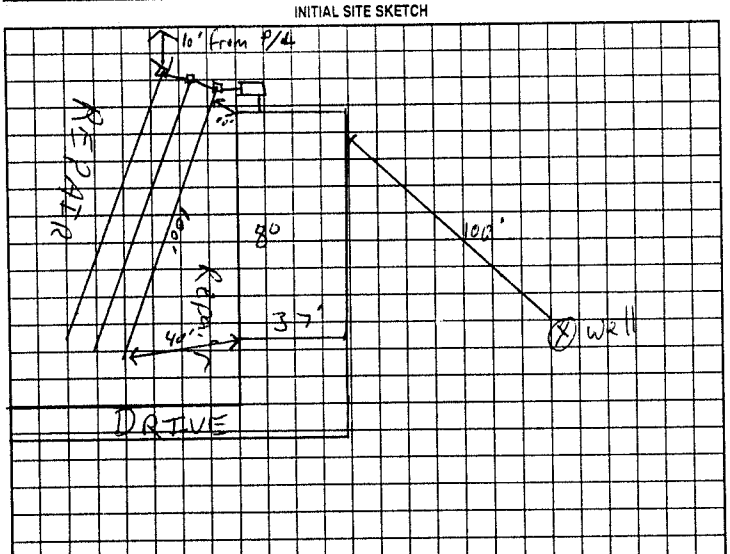
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

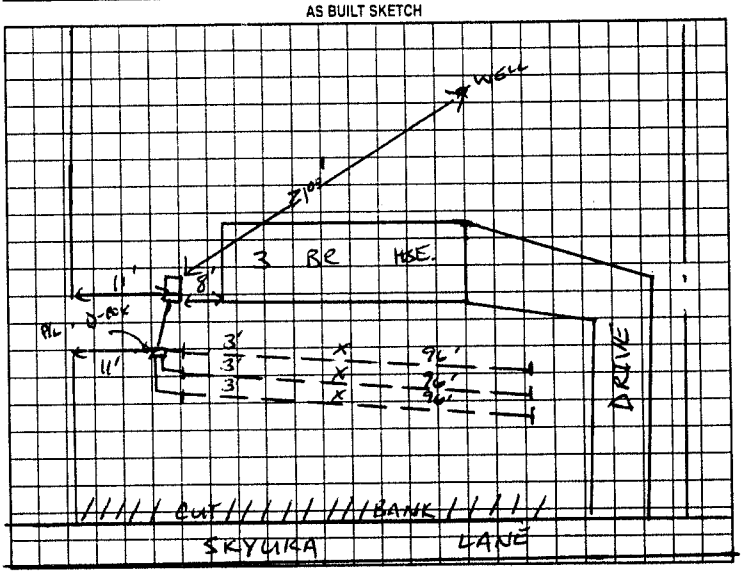
Comments:/Conditions: Keep well 100' from Septic System

Comments:/Conditions: ① NO CUTTING OR FELLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ PUMP SEPTIC TANK EVERY 3-5 YRS.

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: Andrea Moore date 11-22-00 Installed by: JOE THOMPSON

Improvement Permit by: [signature] RSI date 11/20/00 Operation Permit by: [signature] date 3/1/01

Authorization to Construct by: [signature] RSI date 11/20/00 Existing System Inspection by: _____ date _____

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