IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91509 PIN# 4733918554 DATE 8-25-00

OWNER OR CONTRACTOR Davey Ramsey PHONE: Business _____ Home 662-6206

ADDRESS 115 Green acres mooresville N.C.

LOCATION NC 115 S To Cumberland Tb Scrogss Tb Skyuka 400' on Rt

SUBDIVISION Hyat Bost Property BLOCK / SECTION _____ LOT 2 LOT AREA 2.090 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 620 Date 7-23-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

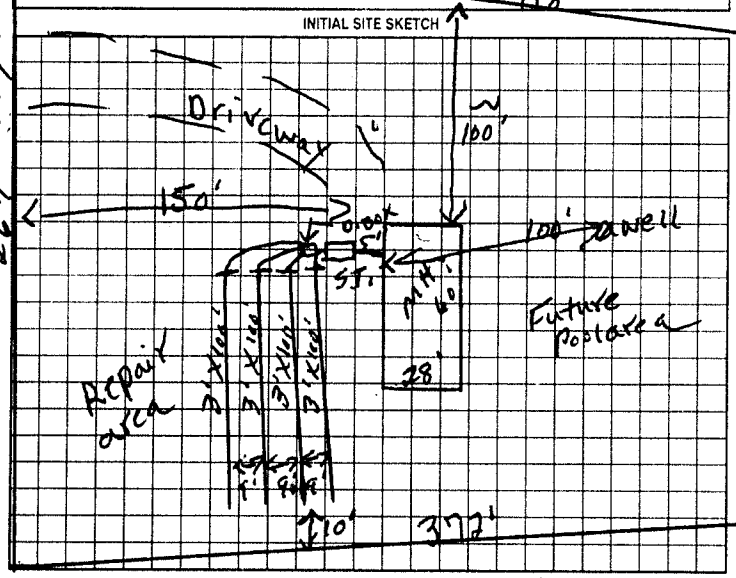
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

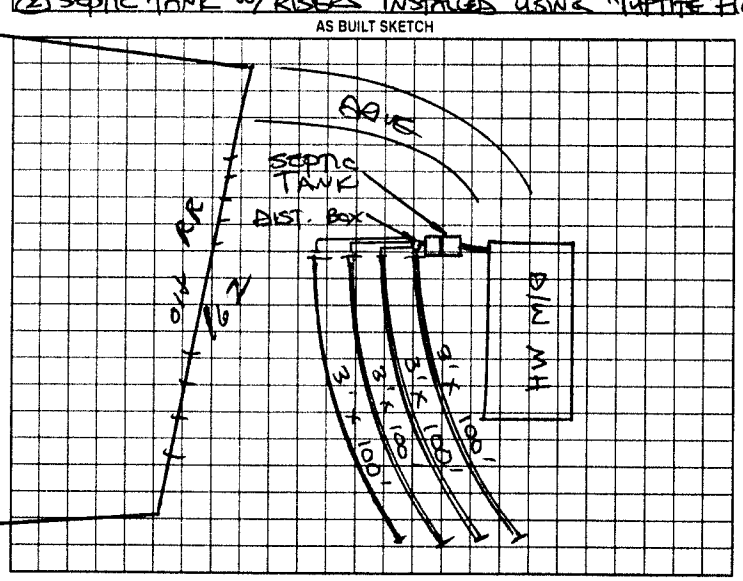
Comments/Conditions:

Comments/Conditions: ① SYSTEM ALTERED AS SHOWN BELOW WITHOUT PRIOR HEALTH DEPT. APPROVAL, LINES INSTALLED DEEP INTO GRADE, SOIL APPEARS O.K. ② SEPTIC TANK W/RISERS INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



269' Skyuka Rd

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: X Davey Lee Ramsey date 8-25-00 Installed by: KENNY MADISON

Improvement Permit by: D.C. Moore date 7-25-00 Operation Permit by: STEVE HENDRICK date 9-13-00

Authorization to Construct by: D.C. Moore date 8-25-00 Existing System Inspection by: _____ date _____

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