100914

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 300.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 04-2-0110 PIN# 4744-31-0157 11-6100 DATE Dec 11, 2000

OWNER OR CONTRACTOR Jim D. Jones PHONE: Business 622-4776 Home

ADDRESS 117 Gainswood Dr. Mooresville N.C. 28117

LOCATION From Troutman 21 S TR Autumn Leaf Rd. ½ mile on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA .75 ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 @ 36"

Septic Tank: 1000 Gallons; STB 1007 Date 5-01-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 2 Square Feet 900 Linear Feet 300
No Lines 3+3 Trench Width 36" Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative -25% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

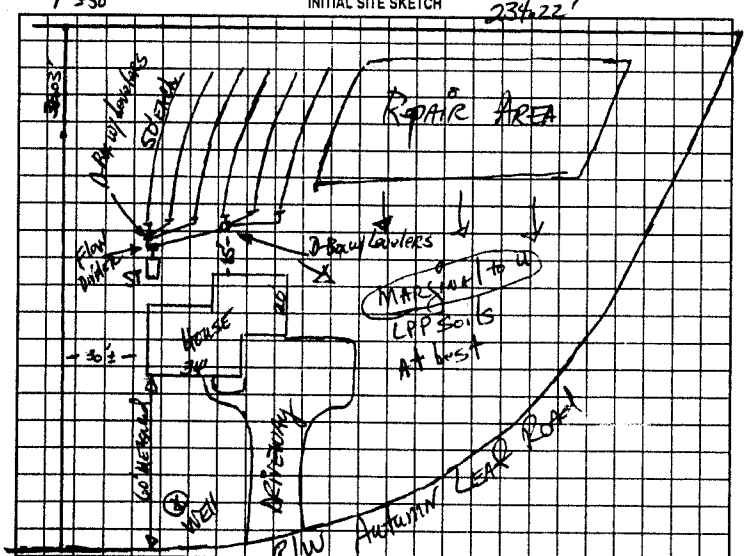
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

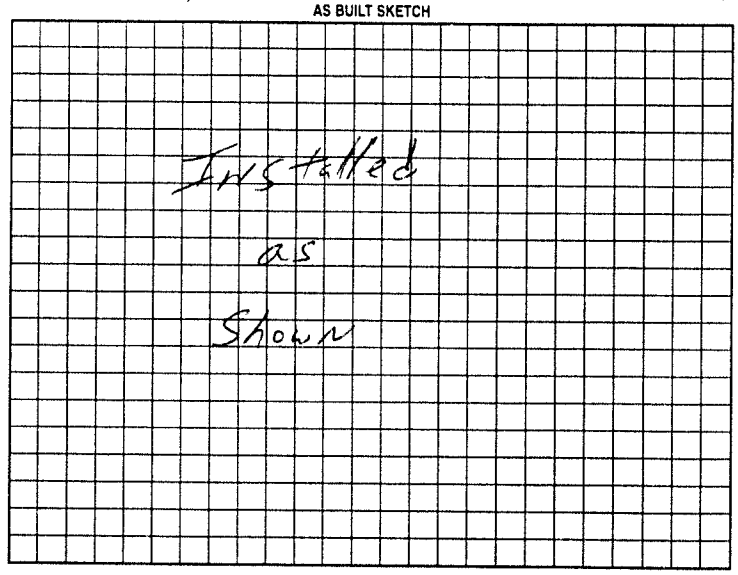
Comments/Conditions: Install laterals at 36" trench bottom depth

Comments/Conditions:
- Bio diffuser Installed
- Poly lay filter Installed
- 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 12/28/00 Installed by: Adams Grading

Improvement Permit by: _____ date 12-11-00 Operation Permit by: William O. Johnson date 8/30/01

Authorization to Construct by: _____ date 12-11-00 Existing System Inspection by: _____ date _____

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