IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109052 PIN# 4746-20-8897 DATE 10/9/02

OWNER OR CONTRACTOR Chet W. Moore PHONE: Business (704) 663-7277 Home —

ADDRESS 138 Kiskadee Drive Mooresville N.C. 28117

LOCATION Hwy 21 North, (L) Fort Dobbs Road, ¼ mile on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .53 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1072 Date 3-7-03
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Pump, LPP
Maintenance Agreement Required: ☐ Yes ☒ No

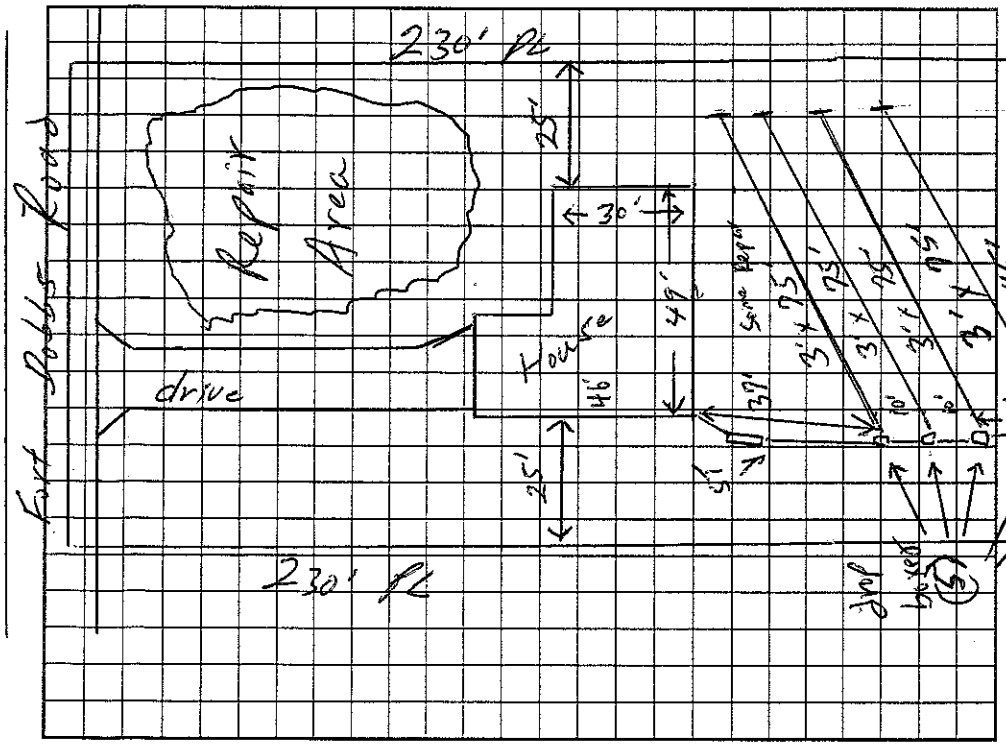
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

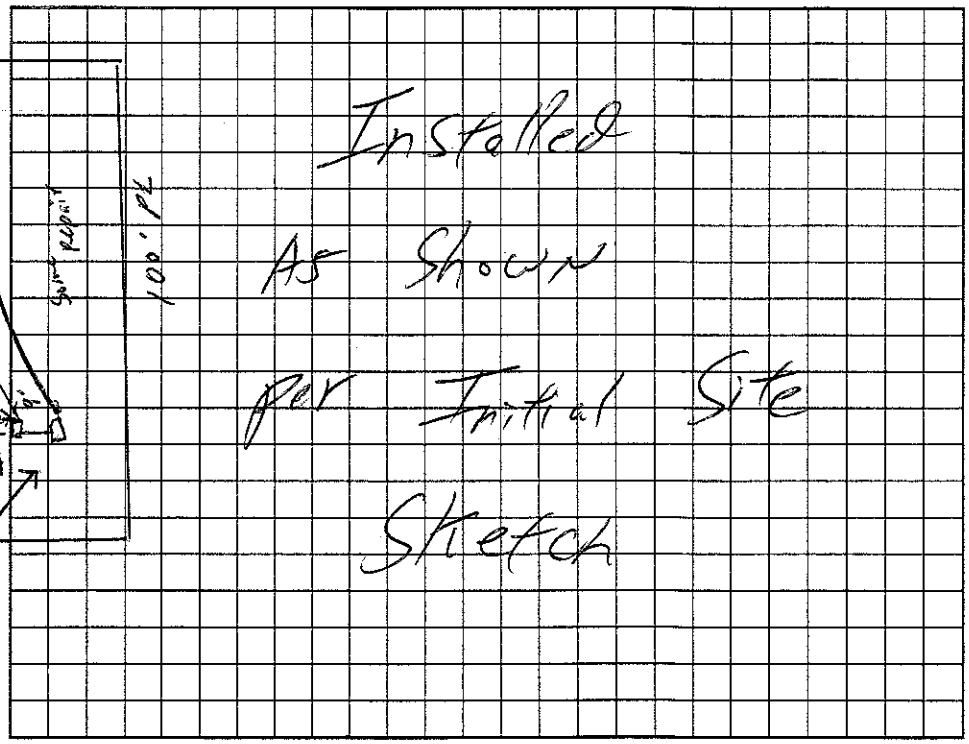
Comments:/Conditions: ① Do Not Install when Lot ② maintain proper setbacks

Comments:/Conditions: — Tuff Tite filter + St marker Installed

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: Chet W. Moore date 10-9-02 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 10/9/02 Operation Permit by: William O. Johnson date 9/17/03

Authorization to Construct by: William O. Johnson date 10/9/02 Existing System Inspection by: — date —

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