IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094000 PIN# 4747 46 6209 DATE 1/25/00

OWNER OR CONTRACTOR TERRY L. MOHLER PHONE: Business _____ Home (704) 876-0390

ADDRESS 125 CHICO DR., STATESVILLE, NC 28625

LOCATION HWY 21 N., ⓛ JENNINGS RD., ⓛ WHITES FARM RD. ⓡ CHICO DR (GRAVEL)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.03 Ac. SITE CLASS AS DESIGN FLOW 420 GPD L.T.A.R. .30

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 375' Linear Feet 125'

No Lines 1 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees _____

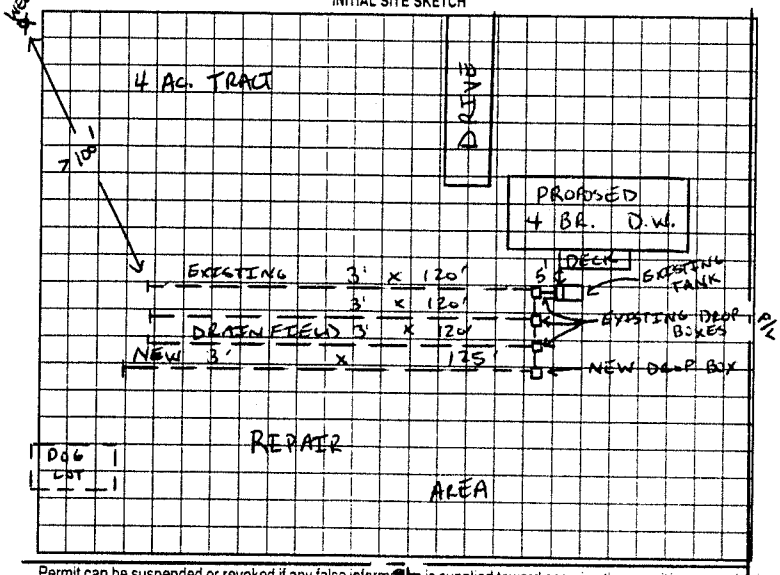
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS ③ MAINTAIN 5' SETBACK FROM SYSTEM W/ ANY PART OF DWELLING.

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM EXPANDED ACCORDING TO INITAL SITE 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: Susan E Moose date _____

Improvement Permit by: Tracy Shinn date 1/25/01

Authorization to Construct by: Tracy Shinn date 1/25/01

Installed by: J.C.'s BACKHOE SERVICE

Operation Permit by: STEVE HEDRICK date 2-6-01

Existing System Inspection by: _____ date _____

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