IREDELL COUNTY HEALTH DEPARTMENT

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

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

(1)

PERMIT# 109466 PIN# ~~4751-28-0196~~ 4751-18-4145 DATE 11-8-02

OWNER OR CONTRACTOR KATHY BAKER PHONE: Business _____ Home 704-528-3320

ADDRESS 171 CLEARSPRINGS RD, MOORESVILLE, NC 28115

LOCATION I-77 S, TL AMITY HILL ROAD, TR NANA'S LANE, CONTINUE ACROSS DAM, ~600' BACK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.0 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.35 GAD/FT²

Septic Tank: 1500 Gallons; STB 338 Date 02/27/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1725 Linear Feet 575
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 50% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____

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

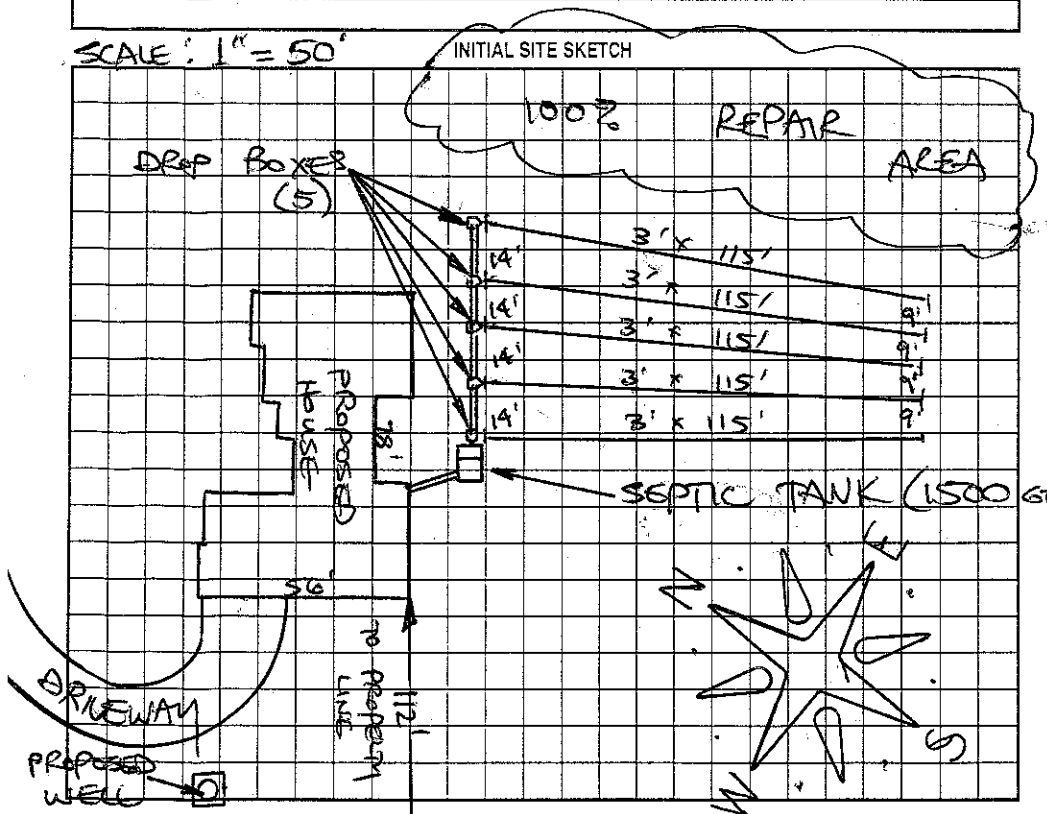
Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions:
- SEPTIC TANK INSTALLED USING 2 RISER FILTER & TANK MARKER.

SCALE: 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN IN INITIAL 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: + _____ date 11/08/02 Installed by: TUCKER GRADING

Improvement Permit by: STEVE HEDRICK date 11-8-02 Operation Permit by: _____ date 04/04/03

Authorization to Construct by: STEVE HEDRICK date 11-8-02 Existing System Inspection by: _____ date _____

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