IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11492 PIN# 4752-94-3015 36 DATE 7/28/04

OWNER OR CONTRACTOR John Meadows / Wanda Luffman PHONE: Business _____ Home 704-763-8045

ADDRESS 385 E. Plaza Dr. Mooresville NC 28115

LOCATION Amity Hill, TL Shirk, JR Clements on Rt

SUBDIVISION Rebecca Square BLOCK / SECTION I LOT 4 LOT AREA 0.717 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.7

Septic Tank: 1000 Gallons; STB 160 Date 5-16-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: 2ft Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

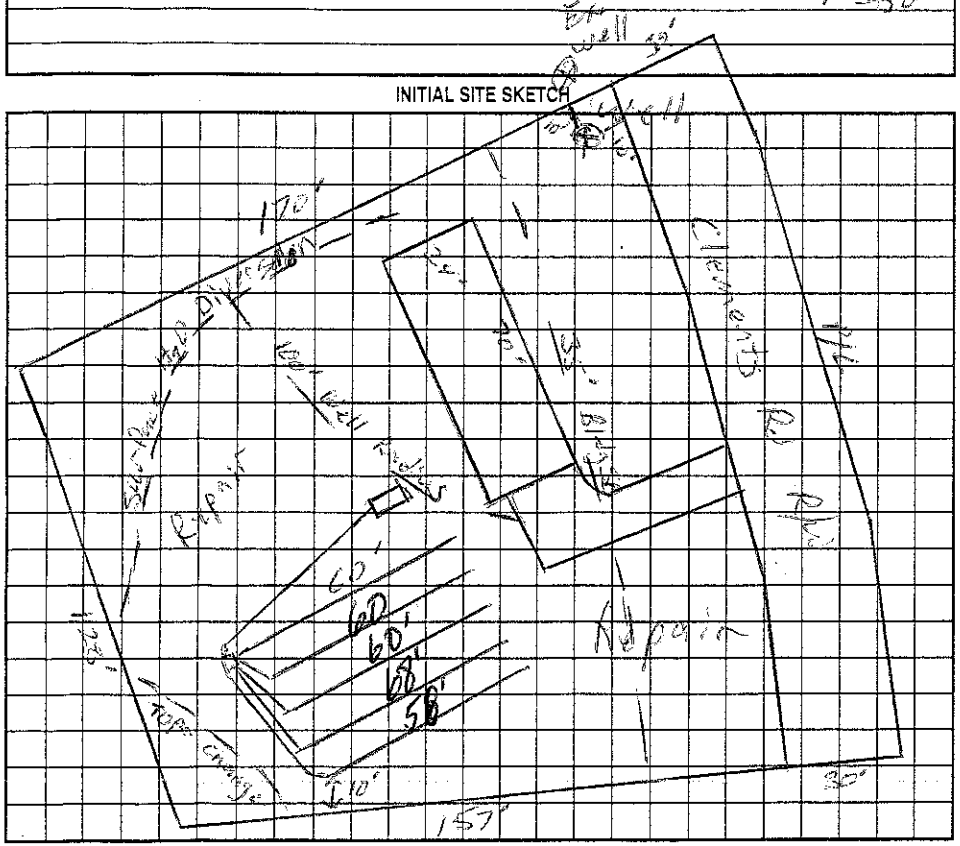
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

1"=50'

INITIAL SITE SKETCH



Comments/Conditions: LABEL FILTER & MARKER BOX SET DEEP ENOUGH ALL LINES WILL BACK UP TO IT LC 7-11-05

AS BUILT SKETCH

INSTALLED AS PERMIT

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 6-10-05 Installed by: LEATHERMAN

Improvement Permit by: _____ RS date 7/28/04 Operation Permit by: _____ RS date 7-11-05

Authorization to Construct by: _____ RS date 6/10/05 Existing System Inspection by: _____ date _____

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