3-30 10:70

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135589 PIN# 4752963~~857~~ 5232 DATE 2 Aug 07

OWNER OR APPLICANT ~~Amy Johnston~~ Doug Adams PHONE: Business 704-929-1225 Home 704-872-2097

ADDRESS 200 Quinfield Rd Mooresville NC 28115

LOCATION Amity Dam Rd Troutman to Crescent to Crescent Acres on curve

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 24.35 SITE CLASS. 53 DESIGN FLOW 480 L.T.A.R. .12

Septic Tank: 1000 Gallons; STB 885 Date 12-01-07

Pump Tank: 1000 Gallons; PT 302 Date 11-3-07

Pump Make: Zoeller Model N157 Serial No. _____

Nitrification Field: No Fields ___ Square Feet 2400 Linear Feet 600

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% ~~Current~~ Pump pm

Repair System Description: 25% pump pm

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Persons 3 No. Employees ___

Water Supply: ☐ Individual ☑ Public ☐ Community

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

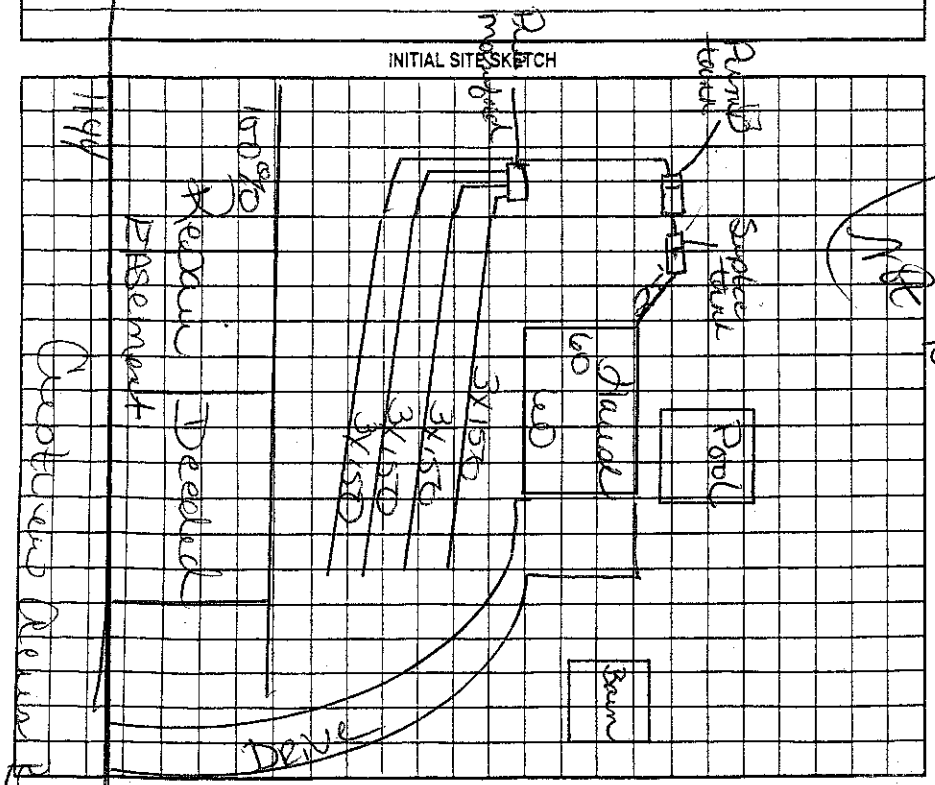
Comments:/Conditions:

25%

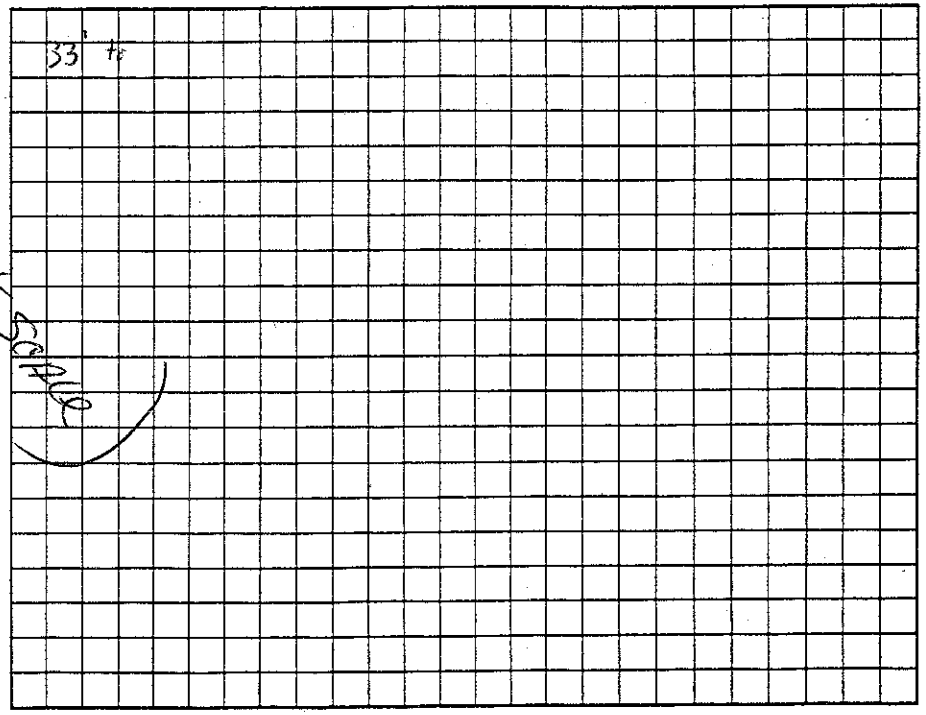
Comments:/Conditions:

Blue Polylock Filte

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: Denise Adams date 17 Aug 07 Installed by: Rowan

Improvement Permit by: Kelly Cook date 2 Aug 07 Operation Permit by: _____ date 3-24-08

Authorization to Construct by: Kelly Cox date 2 Aug 07 Existing System Inspection by: _____ date _____

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