# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094491 PIN# 4757 47 2480 PT DATE 02/22/01

OWNER OR CONTRACTOR MATHEW MOORE FIELD PHONE: Business CELL - 880-6620 Home 873-7885

ADDRESS 1516 MOCKSVILLE HWY, STATESVILLE, NC 28625

LOCATION HWY 21 N, ① MAPLE CREEK, ② FOUR WINDS ON LEFT

SUBDIVISION MAPLE CREEK BLOCK / SECTION ____ LOT 29 LOT AREA 1.71 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.35

Septic Tank: 1000 Gallons; STB 1012 Date 10-13-2000
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 3415'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: GRAV CONV
Repair System Description: GRAV 25% RED
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

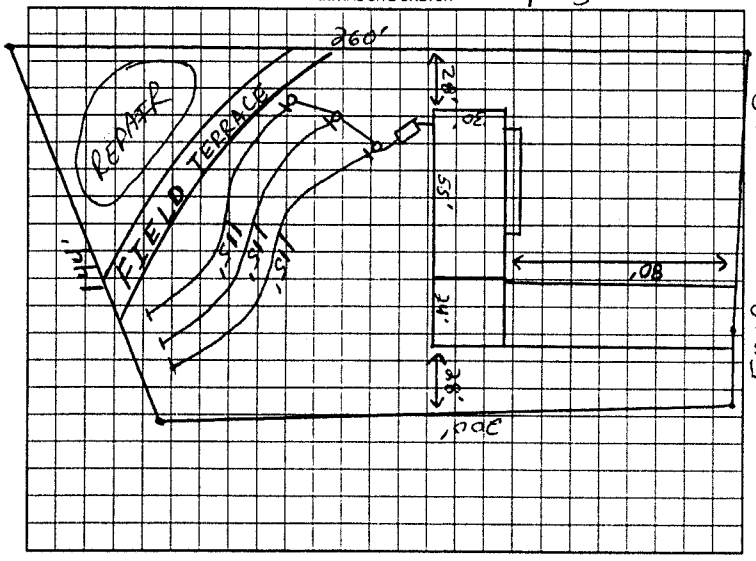
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① INSTALL LINES ON CONTOUR ② STAY 5' off house & 10' off property lines ③ USE 3 DROP BOXES ④ REMOVE OLD FIELD TERRACE

Comments/Conditions: INSTALLED WITH POLYLOK FILTER & RISERS

INITIAL SITE SKETCH 1" = 50'




AS BUILT SKETCH

INSTALLED AS SHOWN

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: Matthew K Moore Field date 2-23-01 Installed by: STEVE JORDAN

Improvement Permit by: Jim Cook RSI date 02-22-01 Operation Permit by: Jim Cook RST date 4-30-01

Authorization to Construct by: Jim Cook RSI date 02-22-01 Existing System Inspection by: ____ date ____

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