IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 105704 PIN# 4766102 3887.3 4766-02-2754 DATE 6/14/02

OWNER OR CONTRACTOR KIM RIVERA PHONE: Business _____ Home _____

ADDRESS 144 BLUEGRASS CIRCLE MOORESVILLE 28117

LOCATION OSWALT ANITY - TR WEATHERS CREEK - TR TRAE CT. - LAST ON LT

SUBDIVISION RYAN WOODS BLOCK / SECTION _____ LOT 3 LOT AREA .95AC SITE CLASS. AS DESIGN FLOW 480GPD L.T.A.R. .36-3/Ft²

Septic Tank: 1000 Gallons; STB 794 Date 5-14-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' 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: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

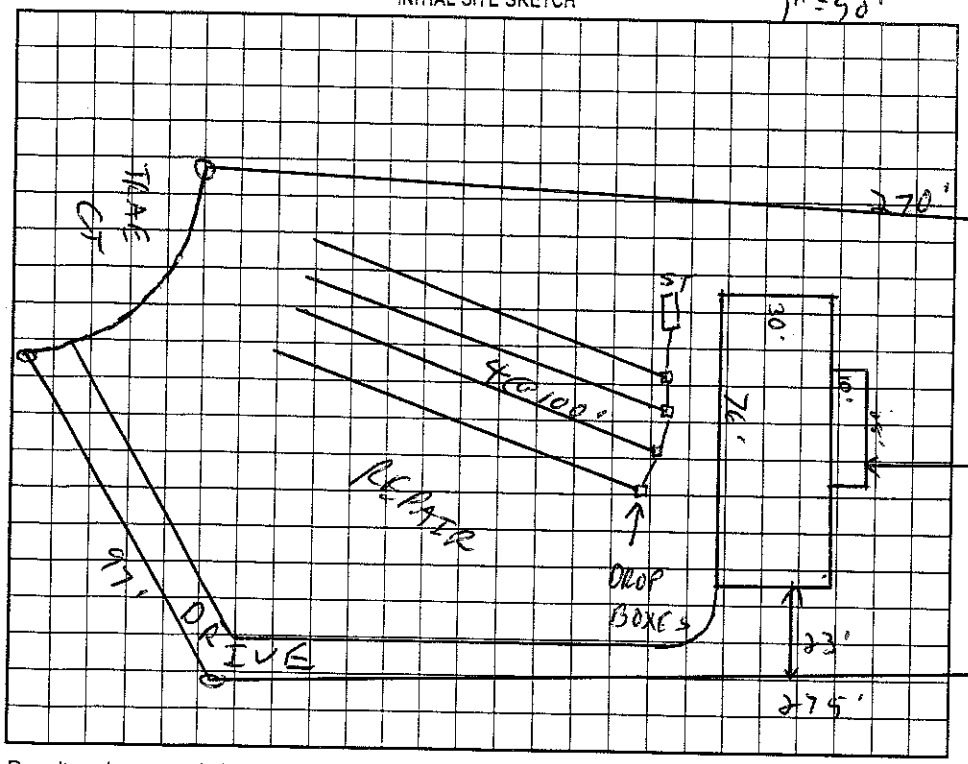
Water Supply: ☑ Individual ☐ Public ☐ Community

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

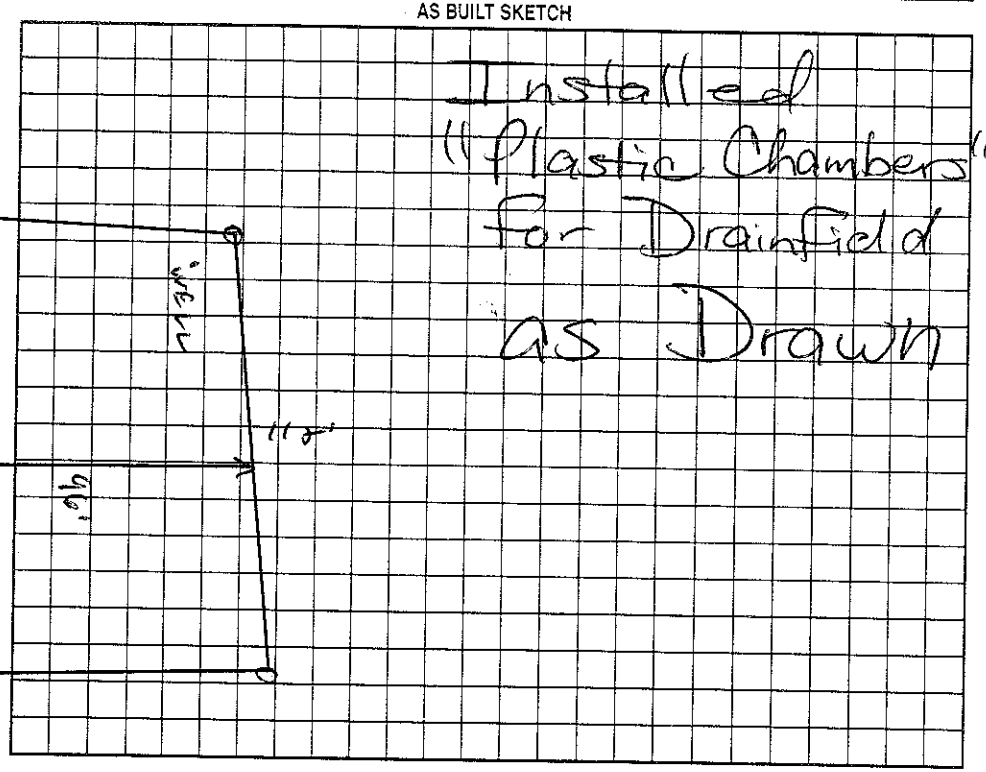
Comments:/Conditions:

Comments:/Conditions: Grey fitter installed

INITIAL SITE SKETCH 1" = 50'



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: Andy Gabriel date 6/20/02 Installed by: Marty Tucker

Improvement Permit by: C. Ogburn RS date 6/19/02 Operation Permit by: Marty Tucker RS date 8/21/2002

Authorization to Construct by: C. Ogburn RS date 6/19/02 Existing System Inspection by: _____ date _____

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