CI / LI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102041 PIN# 4176Z-03-6131 DATE 9-6-01

OWNER OR CONTRACTOR HUGH MOOSE PHONE: Business _____ Home 704-872-4621

ADDRESS 577 SHILOAH RD STATESVILLE NC 28677

LOCATION HWY 70E, ⓐ SHILOAH, ⓒ CLEMENTS, ⓓ BENIS, ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 200 X 100 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1012 Date 01-13-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ=1440 Linear Feet 360'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV 25% REDUCT
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

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

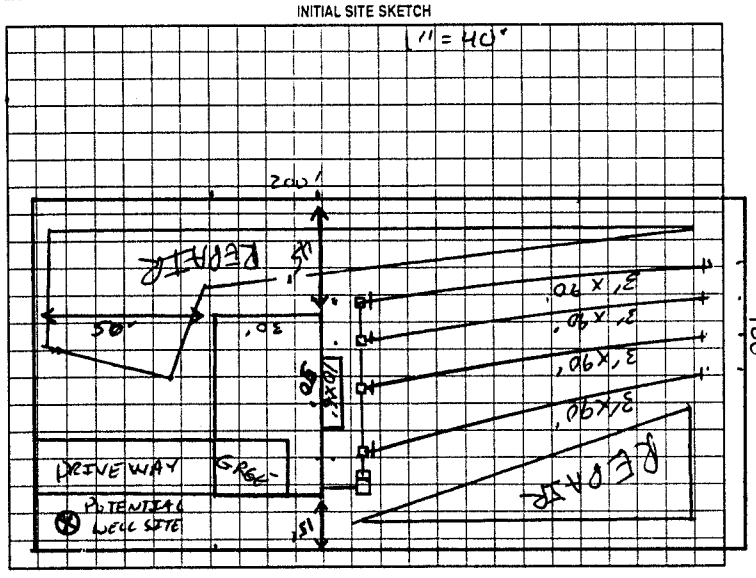
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ①KEEP WELL 50' OR GREATER FROM ANY PART OF SYSTEM ② INSTALL LINES ON CONTOURS ③ MAINTAIN SETBACKS

Comments/Conditions POLYLOK FILTER & MARKER

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: Hugh Moore date _____ Installed by: Steve Jordan

Improvement Permit by: RS date 9-6-01 Operation Permit by: RS date 05-24-02

Authorization to Construct by: RS date 9-6-01 Existing System Inspection by: _____ date _____

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