IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094370 PIN# 4762217515 DATE 11/19/01

OWNER OR CONTRACTOR Linda Green PHONE: Business (704) 902-2446 Home (704) 664-9143

ADDRESS 122 P & C Path Lane Mooresville, NC 28115

LOCATION Hwy 70 (E) (R) on Bethesda Rd, (R) on Fair winds @ end. (cul-de-sac)

SUBDIVISION Fairwinds BLOCK / SECTION - LOT 33 LOT AREA 2.31 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 4000 Gallons; STB 1012 Date 12-29-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. 225 wide
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 225 ~~375~~
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth -

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

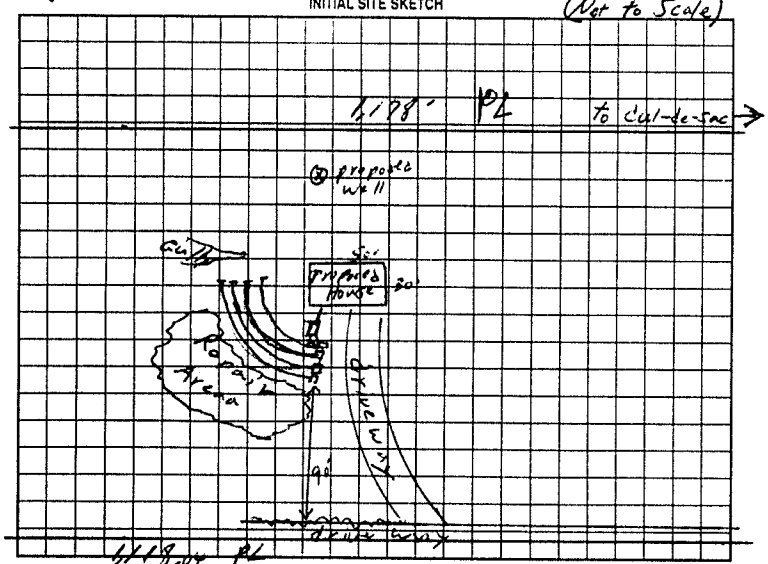
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

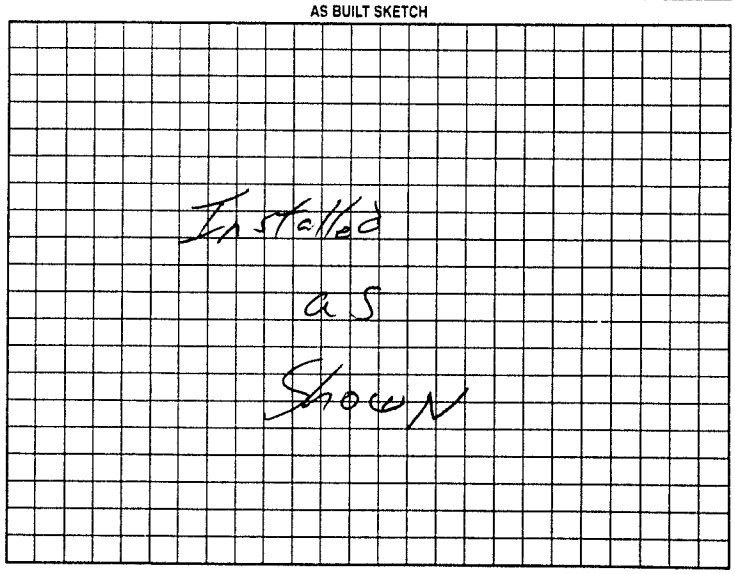
Comments/Conditions: (1) Do not install when wet (2) Install lines on Contour (3) Keep System 100 ft from well (4) Call Health Dept for Inspection of system prior to installation (38 Chambers)

Comments/Conditions: Installed 39 Infiltrator Chambers Installed Poly Lok w/ filter Septic Tank Riser Installed

INITIAL SITE SKETCH (Not to Scale)



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: Clifton D Sherrill date 2-23-01 Installed by: Kelly Black

Improvement Permit by: William O. Johnson RS I date 1-19-01 Operation Permit by: William O. Johnson date 7/11/01

Authorization to Construct by: William O Johnson RS I date 1-19-01 Existing System Inspection by: ____ date ____

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