IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 119308 PIN# 4766-70-7452 DATE 4-26-04

OWNER OR CONTRACTOR MATT MOOREFIELD PHONE: Business 704-880-6620 Home 704-876-6396

ADDRESS 1516 MOCKSVILLE Hwy, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL RIVERHILL ROAD, @ 1.5 MILES ON LEFT AT BOX # 495

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.1 ACRES SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12-1-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 345 Linear Feet 115
No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL SYSTEM
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

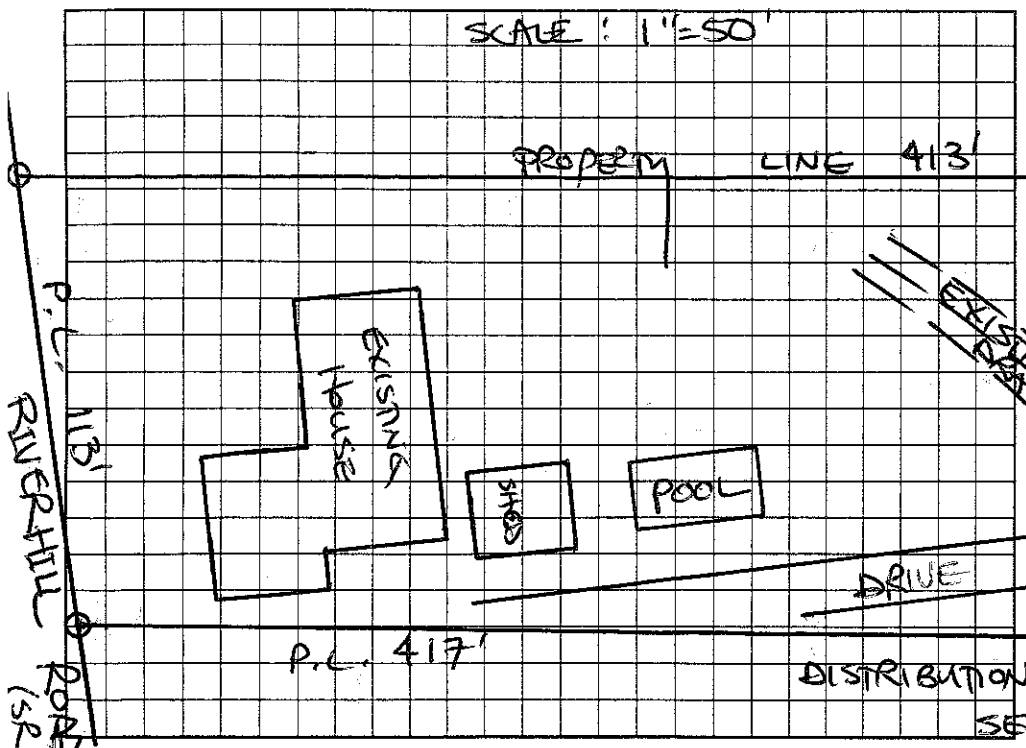
☐ House/Mod. Home No. Bedrooms 0
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☑ Other GARAGE/PRIVATE
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

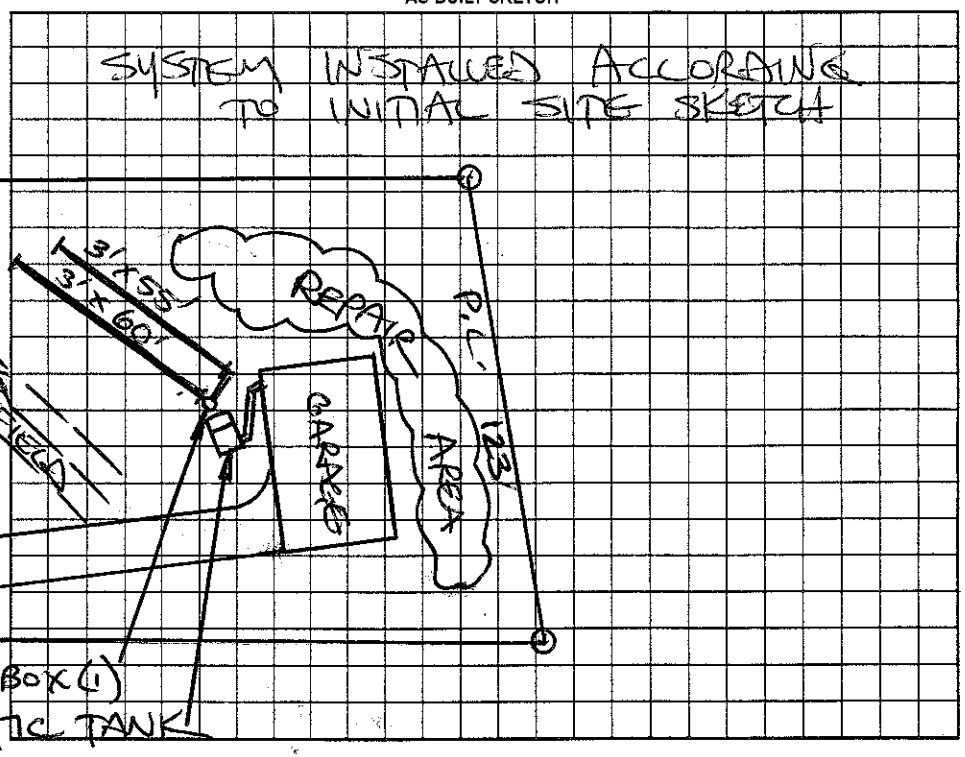
Comments:/Conditions: REMOVE EXISTING FIELD TERRACE

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

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: _____ date _____ Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 4-26-04 Operation Permit by: STEVE HEDRICK date 5-18-04

Authorization to Construct by: STEVE HEDRICK date 4-26-04 Existing System Inspection by: _____ date _____

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