IREDELL COUNTY HEALTH DEPARTMENT

Paid 125.00 DT (≥ 30 - 300)

ATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 91642 PIN# 4770012319 / 4770320227 DATE 9/7/00

OWNER OR CONTRACTOR Charles W. Davis PHONE: Business Home (704)663-5489

ADDRESS 1679 Triplett Rd Mt Ulla NC 28125

LOCATION ~~Rte~~ Oswalt Amity, TR Triplett Approx 3 Miles on Rt

SUBDIVISION ___ BLOCK / SECTION — LOT — LOT AREA 65.164 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 1/21/02
Pump Tank: ___ Gallons; PT ___ Date ___
Pump Make: ___ Model ___ Serial No. ___
Nitrification Fields: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 @ 135' 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% Rock
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

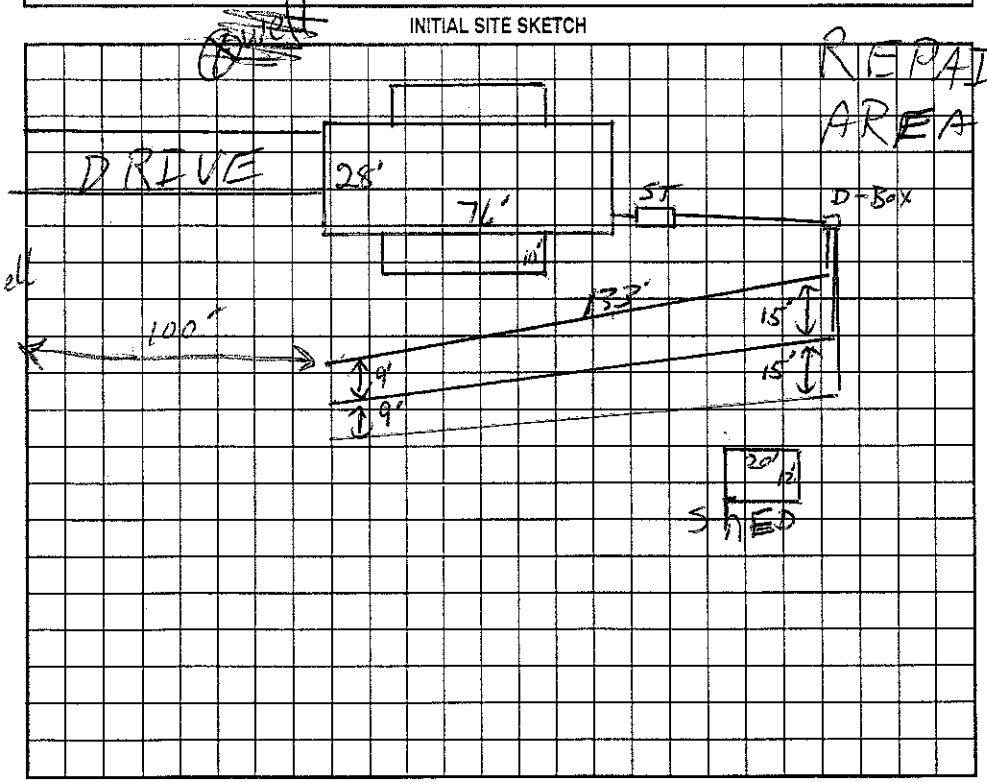
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ___
☐ Other ___
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep well a minimum of 50ft from septic system

Comments:/Conditions:

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: Rwanda H. Davis date 9-27-2000 Installed by: Environmental Services & Repairs

Improvement Permit by [signature] RSI date 9/7/00 Operation Permit by: [signature] RS date 2/28/02

Authorization to Construct by: [signature] RSI date 9/7/00 Existing System Inspection by: ___ date ___

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