IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094209 PIN# 4772 57 1349 DATE 2/2/01

OWNER OR CONTRACTOR NANCY H. FARRINGTON PHONE: Business Home (704) 660-5174

ADDRESS 1328 MECKLINBURG HWY, MOORESVILLE, NC 28115

LOCATION 70E, @ TRIPLETT RD. 1.2 m. ON (L) GRAVEL ROAD B/F THIRD CRK.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5.79 Ac. SITE CLASS P5 DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

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

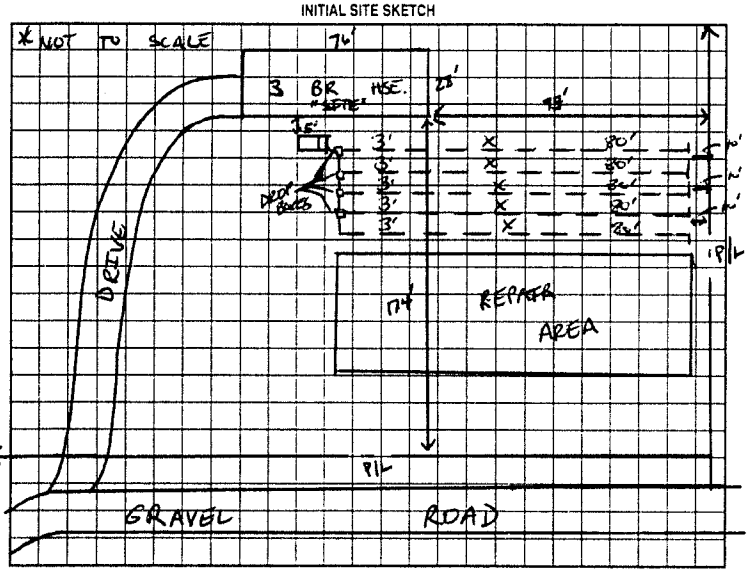
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

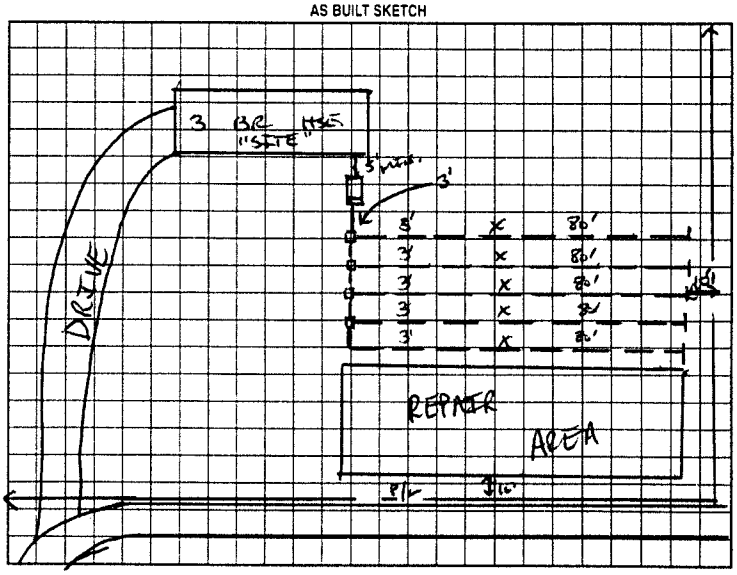
Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR.

Comments/Conditions: (1) PUMP SEPTIC TANK EVERY 3-5 YRS

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: Nancy H. Farrington date 2-2-01 Installed by: A-1 GRADING

Improvement Permit by: [signature] date 2/2/01 Operation Permit by: [signature] date 3/8/01

Authorization to Construct by: [signature] date 2/2/01 Existing System Inspection by: date

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