# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115186 PIN# 4775-05-8735 DATE 11-7-03

OWNER OR CONTRACTOR MIKE CARR PHONE: Business ~~980 722-0871~~ ~~980 662-0300~~ Home 704-902-0119

ADDRESS 144 WILLIFORD ROAD, MOORESVILLE NC 28115

LOCATION US 64 EAST, TL SAIN ROAD, TL SPRING FOREST DRIVE

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 87 LOT AREA 0.69 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-29-04
Pump Tank: 1000 Gallons; PT 17 Date 11-13-03
Pump Make: MYERS Model WE50S-1 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 60 TO 1600 Linear Feet 300
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, PUMP
Repair System Description: 50% REDUCTION LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3.5 No. Employees ____

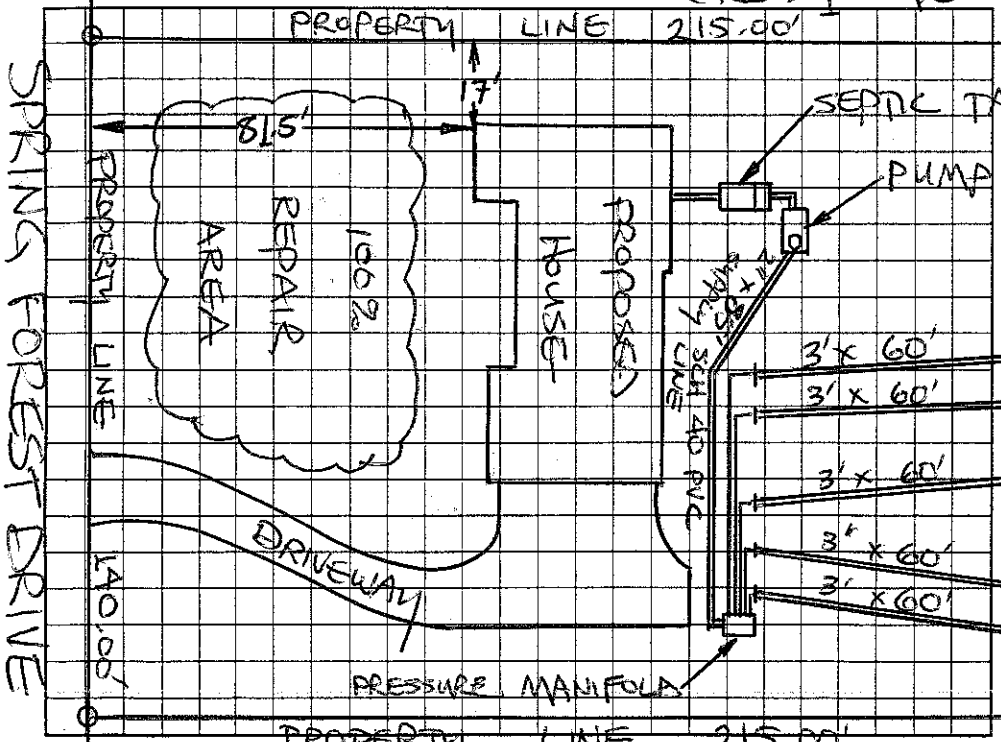
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM IN FIVE EQUAL LENGTH LINES AS SHOWN ON CONTOUR. ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

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

INITIAL SITE SKETCH SCALE: 1" = 40'




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 11-13-03 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 11-7-03 Operation Permit by: STEVE HEDRICK date 10-19-04

Authorization to Construct by: STEVE HEDRICK date 11-7-03 Existing System Inspection by: _____ date _____

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