IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (L1) MOORESVILLE 704-664-5281

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

PERMIT# 116714 PIN# 4776-76-1361, F 66-5600 DATE 5-18-04

OWNER OR CONTRACTOR LISA JORDAN PHONE: Business 704-878-5318 Home 704-872-9270

ADDRESS P.O. 1799 MOCKSVILLE Hwy, CLEVELAND, NC 27013

LOCATION 2990 US 64 EAST, TL 1 SWANN ROAD, 1.4 MILES ON RIGHT, ~500' BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.443 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.50 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-20-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines FOUR 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, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

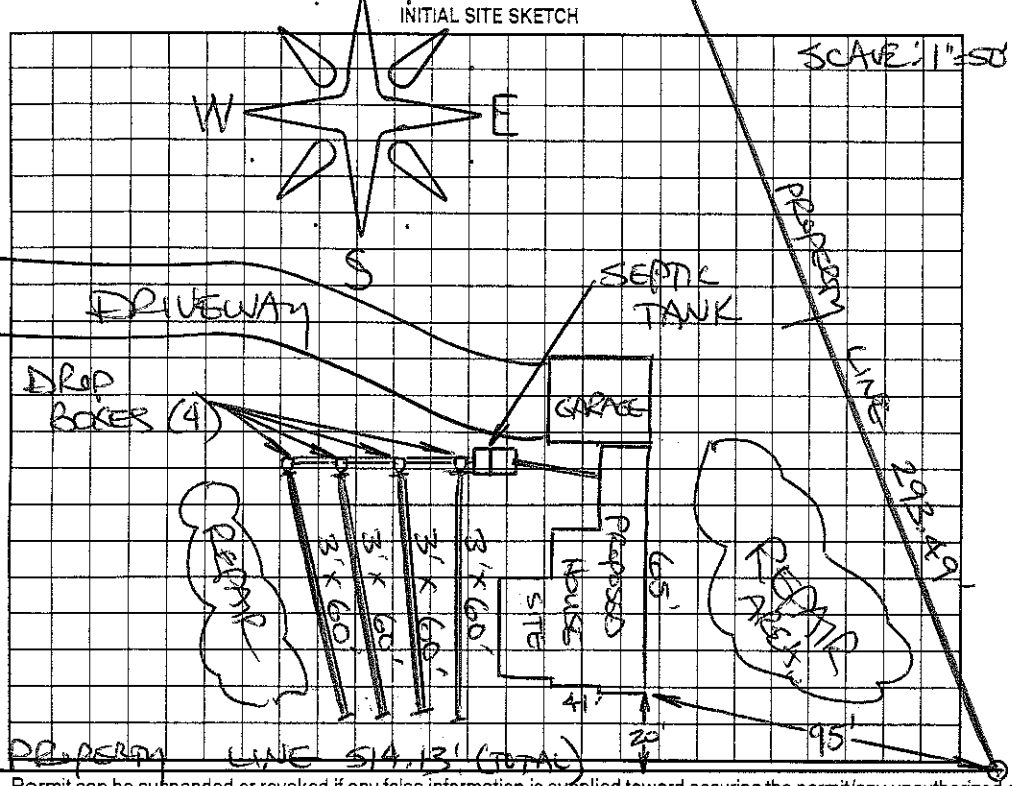
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: Lisa Jordan date 5-18-04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 5-18-04 Operation Permit by: STEVE HEDRICK date 8-20-04

Authorization to Construct by: STEVE HEDRICK date 5-18-04 Existing System Inspection by: _____ date _____

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