IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c1) MOORESVILLE 704-664-5281

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

PERMIT# 124447 PIN# 4776-74-1942 DATE 11-2-04

OWNER OR CONTRACTOR JOHN MOORE FIELD PHONE: Business 704-880-6603 Home 704-873-7885

ADDRESS 1516 MOCKSVILLE Hwy, STATESVILLE, NC 28625

LOCATION US 64 EAST, TL SWANN ROAD, TR FIFTH CREEK ROAD, 1ST LOT ON RIGHT

SUBDIVISION FIFTH CREEK MANOR BLOCK / SECTION ____ LOT 1 LOT AREA 0.968 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-9-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FIVE 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: 50% REDUCTION LTW
Maintenance Agreement Required: ☐ Yes ☑ No PRESSURE

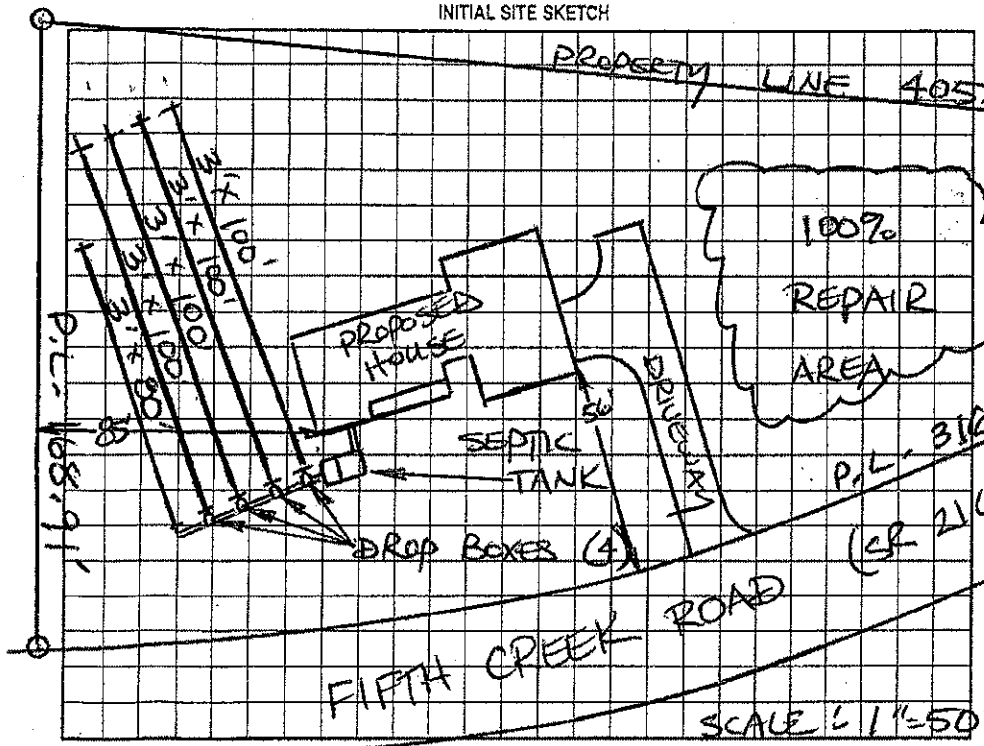
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

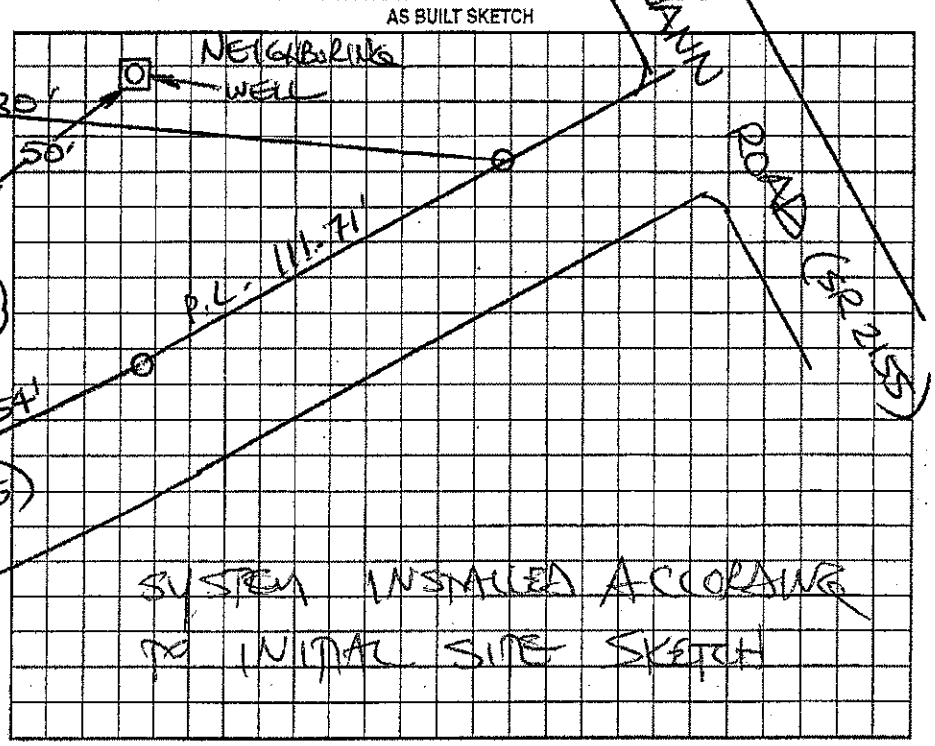
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH RISER INSTALLED USING "TUFFTITE" 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: Matthew L Moore Field date 11-18-04
Improvement Permit by: STEVE HEDRICK date 11-2-04
Authorization to Construct by: STEVE HEDRICK date 11-2-04

Installed by: PIEDMONT BACKHOE
Operation Permit by: STEVE HEDRICK date 8-3-05
Existing System Inspection by: ____ date ____

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