IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124448 PIN# 4776-74-3947 DATE 11-05-04

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

ADDRESS 1516 MOCKSVILLE HWY, STATESVILLE, NC 28625

LOCATION US64 EAST, TL SWANN ROAD, TR FIFTH CREEK ROAD, 2ND LOT ON RIGHT

SUBDIVISION FIFTH CREEK MANOR BLOCK / SECTION ____ LOT 2 LOT AREA 0.803 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-12-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
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, GRAVITY
Repair System Description 30% REDUCTION, LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☒ No

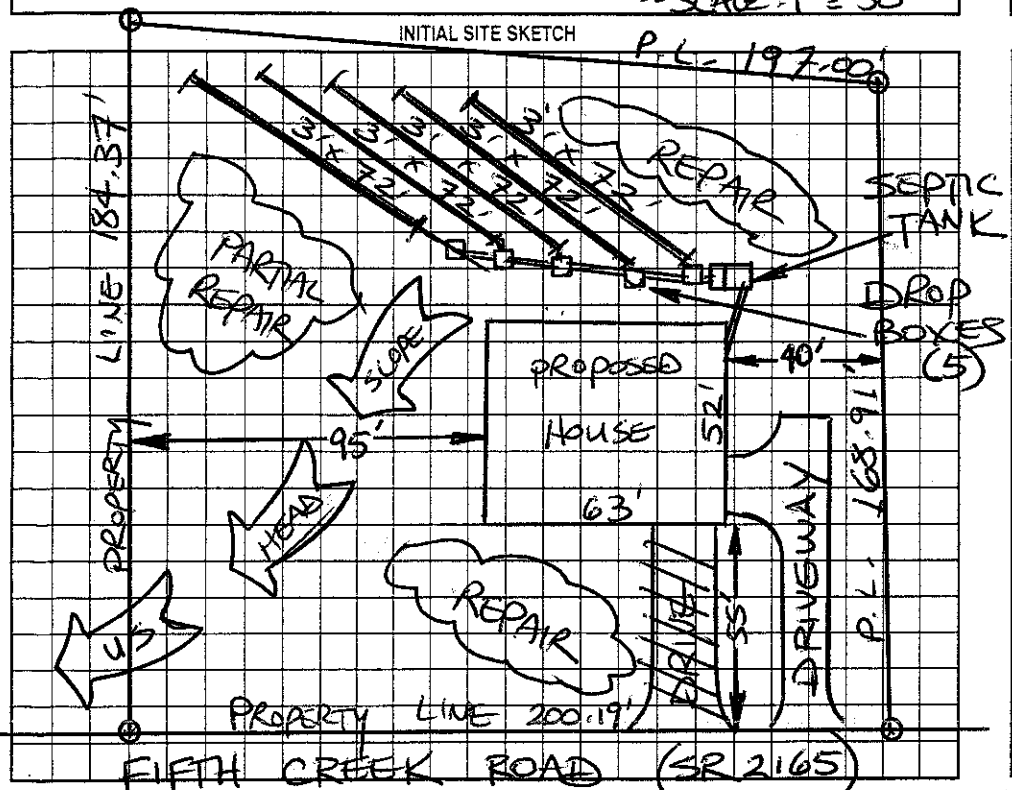
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED ON-SITE.
~SCALE: 1" = 50'

Comments:/Conditions:
Yellow Flites
No risers

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 K Moorefield date 11-18-04
Improvement Permit by: STEVE HEDRICK date 11-5-04
Authorization to Construct by: STEVE HEDRICK date 11-5-04

Installed by: Steve Jordan
Operation Permit by: [signature] date 1-27-06
Existing System Inspection by: ____ date ____

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