3.80

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124449 PIN# 4776-74-5943 25 DATE 11-12-04

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

ADDRESS 1516 MOCKSVILLE Hwy, STATESVILLE NC 28625

LOCATION US 64 EAST, TL SWANN RD, TR FIFTH CREEK RD, 3RD LOT ON RIGHT

SUBDIVISION FIFTH CREEK MANOR BLOCK / SECTION ____ LOT 3 LOT AREA 1.033 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1000 Date 1-8-96

Pump Tank: ____ Gallons; P.T ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 50 M 1440 Linear Feet 360

No Lines SIX 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: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other ____

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

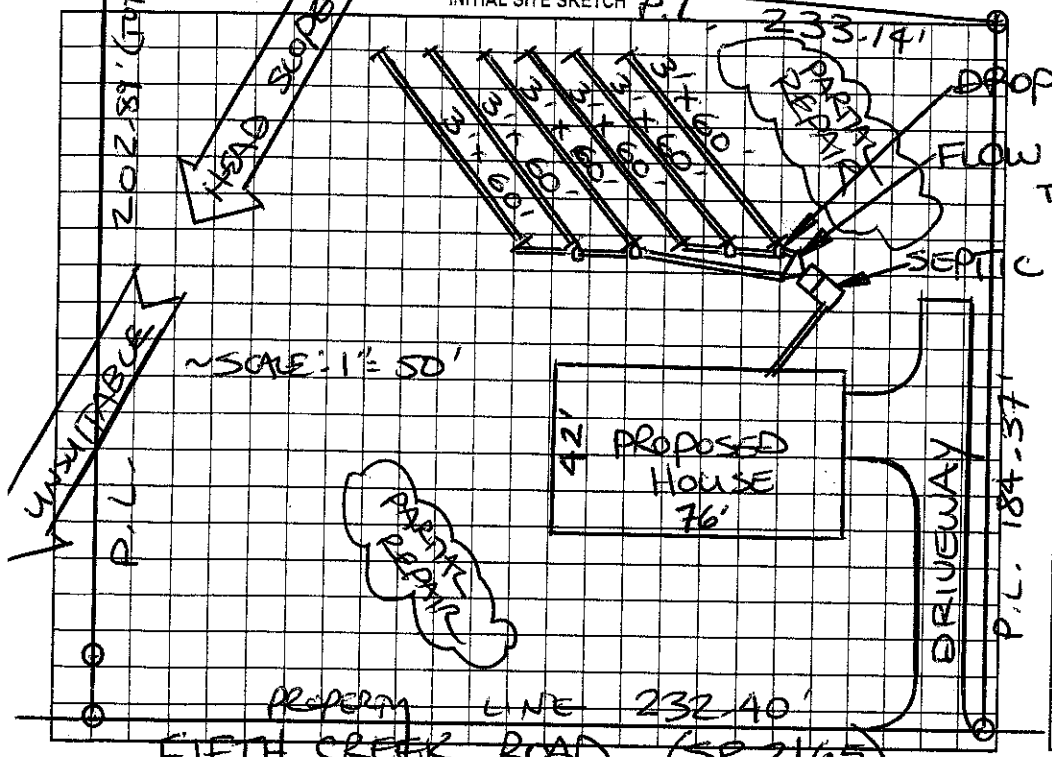
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED. USE ONE FLOW DIVIDER TEE AS SHOWN TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES

Comments:/Conditions: Setting tank Set Filter / Septic Tank 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: Martha K Moorefield date 11-18-04 Installed by: Jack Sokolay

Improvement Permit by: STEVE HEDRICK date 11-12-04 Operation Permit by: [signature] date 1-29-07

Authorization to Construct by: STEVE HEDRICK date 11-12-04 Existing System Inspection by: ____ date ____

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