IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83758 PIN# 4778513219 DATE 9-9-99

OWNER OR CONTRACTOR Cathy Norris PHONE: Business _____ Home 704 968 3728

ADDRESS 138 Points End Dr. Mooresville, N.C.

LOCATION Old Mocksville 6 miles past white oak Branch Road 0.4mi back

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.453 acres SITE CLASS PS DESIGN FLOW 250 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1007 Date 6-26-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: ☒ I, III, IV, V, VI
System Description: Conv. Gravity "
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees 10
☑ Other Horse Barn

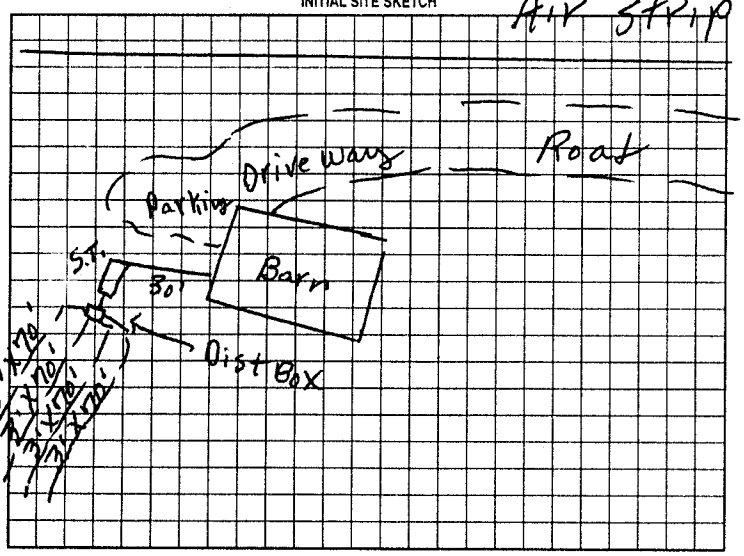
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: @well site

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" 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: Cathy Norris date 9.9.99 Installed by: JOEY TRAVIS

Improvement Permit by: P.C. Moore date 9-9-99 Operation Permit by: STEVE HERRICK date 8-9-00

Authorization to Construct by: P.C. Moore date 9-9-99 Existing System Inspection by: _____ date _____

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