IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12100 PIN# 4786-10-7843 DATE 11-19-04

OWNER OR CONTRACTOR MICHAEL MOOREFIELD PHONE: Business 336-399-5943 Home

ADDRESS 345 OLD MOCKSVILLE ROAD, STATESVILLE, NC 28625

LOCATION US 64 EAST, TR LONG POND DRIVE, ~900' BACK ON LEFT

SUBDIVISION JOHN MOOREFIELD BLOCK / SECTION TRACT 1 LOT AREA 5.75 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-16-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines SIX 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 GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

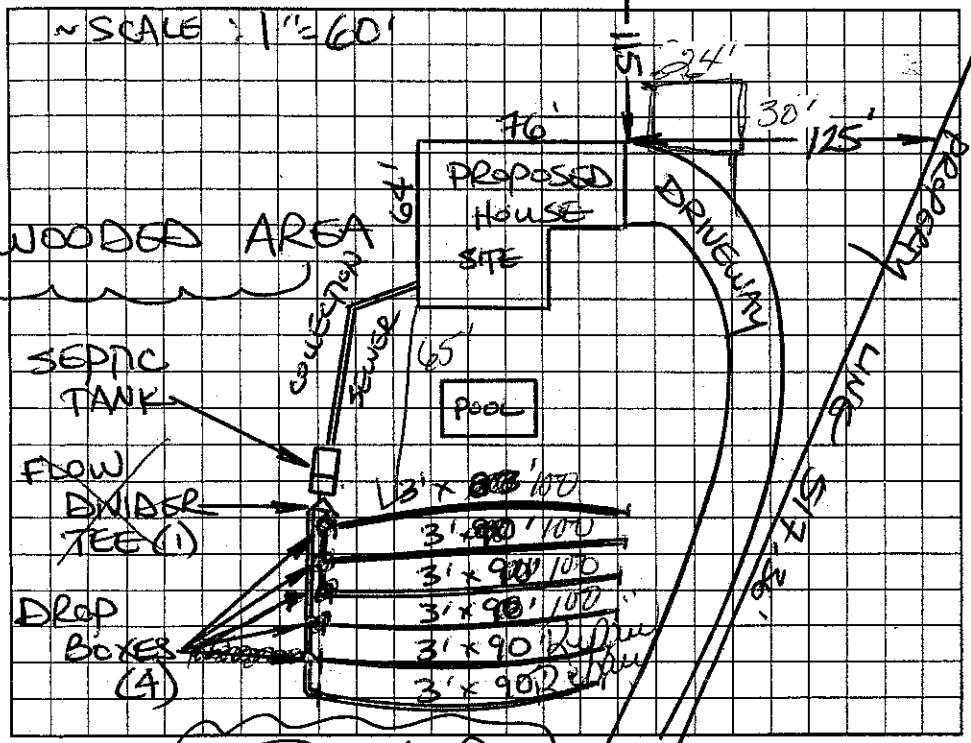
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: P.L. 209.05' P.L. 120.39'

INSTALL DRAIN LINES ON CONTOUR AS FLAGGED ON SITE

INITIAL SITE SKETCH



Comments:/Conditions:

Yellow Sup Sch
Septictank Marks

AS BUILT SKETCH

The proposed / existing Detached Garage addition does not appear to impact the existing septic system.

**NOTE: ____

REHS

Date: 6-17-10

ICHD-Environmental Health Division

IREDELL COUNTY HEALTH DEPT.
ENVIRONMENTAL DIVISION
318 TURNERSBURG HIGHWAY
STATESVILLE, NC 28625
COURIER 09-36-07

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: ____ date 11-19-04 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HEDRICK date 11-19-04 Operation Permit by: ____ date 9-8-06

Authorization to Construct by: STEVE HEDRICK date 11-19-04 Existing System Inspection by: ____ date ____

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