IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136126 PIN# 4786-78-~~6806~~ 7304 704-880-2776, 704-838-1756 DATE 06/14/06

OWNER OR APPLICANT NANCY MOORE PHONE: Business 704-880-4487 Home ~~704-664-3387~~ 704-664-3387

ADDRESS 179 OAK TREE RD. MOORESVILLE NC 28117

LOCATION HWY 64 EAST, ON RIGHT JUST AFTER BOX # 2014. (ACROSS FROM WHERE COOL SPRINGS RD. SPLITS OFF TO THE LEFT)

SUBDIVISION N/A BLOCK / SECTION — LOT 1 LOT AREA 1.88 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/Ft²

Septic Tank: 1,000 Gallons; STB 704 Date 3-1407
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAV.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

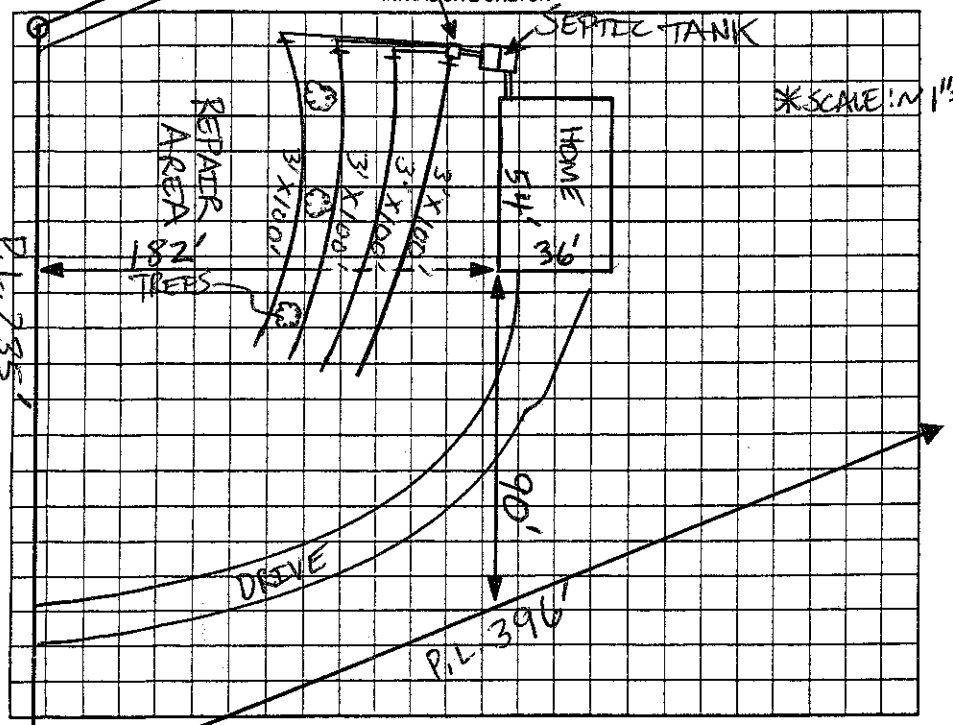
Comments:/Conditions:

DRIVE P.L. 233'
EFFLUENT SPLITTER (SUCH AS - ZOELLER "TRU-FLOW")

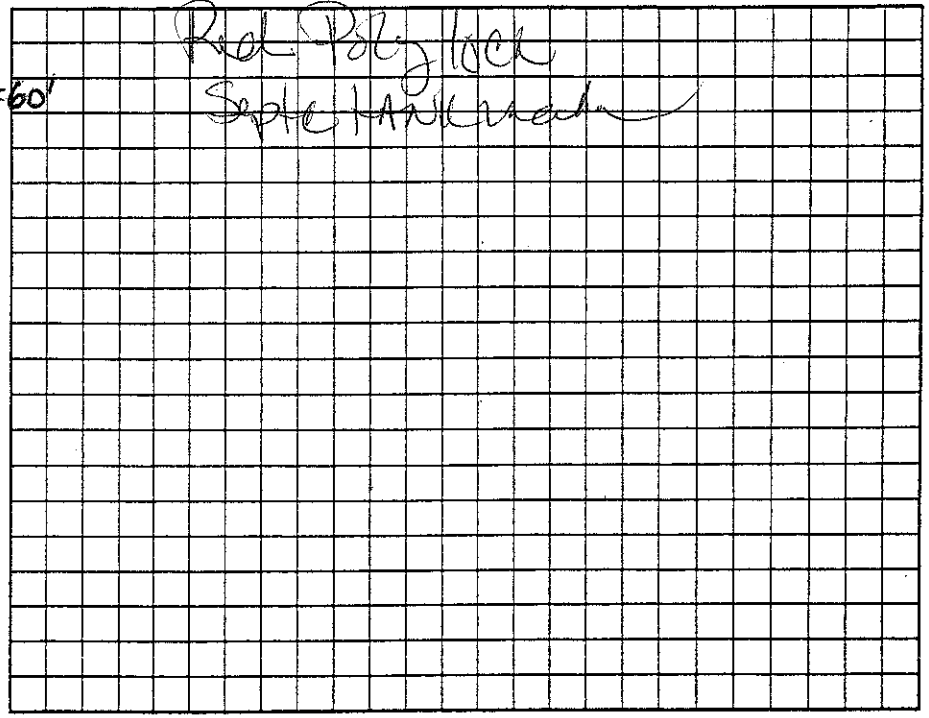
Comments:/Conditions:

"AN "ACCEPTED SYSTEM" MAY ALSO BE USED
25% Reduction

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: Nancy Moore date 6-19-06
Improvement Permit by: Patrick Mitchell date 06/14/06
Authorization to Construct by: Patrick Mitchell date 06/14/06

Installed by: Mark Lineberger
Operation Permit by: Kelly Cook date 10-4-07
Existing System Inspection by: _____ date _____

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