IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088852 PIN# 4830 65 3940 (PT) DATE 5-9-00

OWNER OR CONTRACTOR TODD DANIELS PHONE: Business (336) 751-7340 Home

ADDRESS 153 BLAZE CHURCH ROAD, MOCKSVILLE, NC 27028

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP RD, TL BESS ROAD, 0.5 MILE ON LEFT, BACK

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5.0 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 1-28-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

~~☐ House/Mod. Home~~ ~~☐ Mobile Home~~ ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

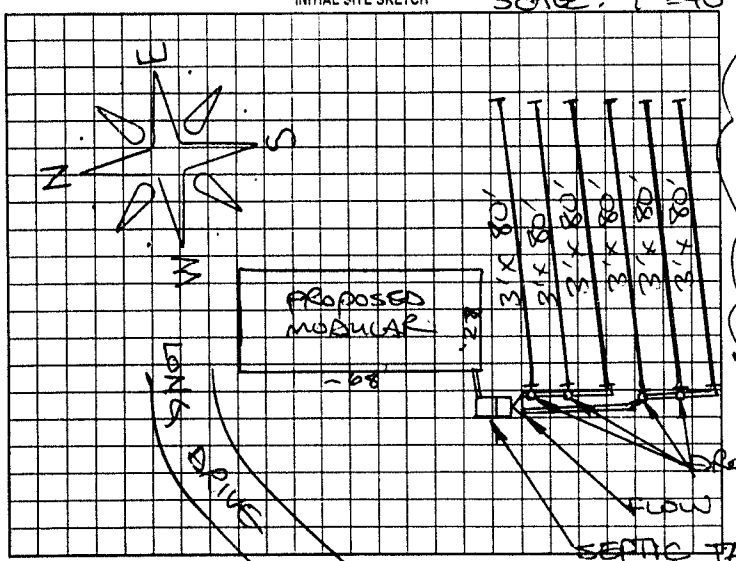
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL NEXT DOOR OFF ROAD.

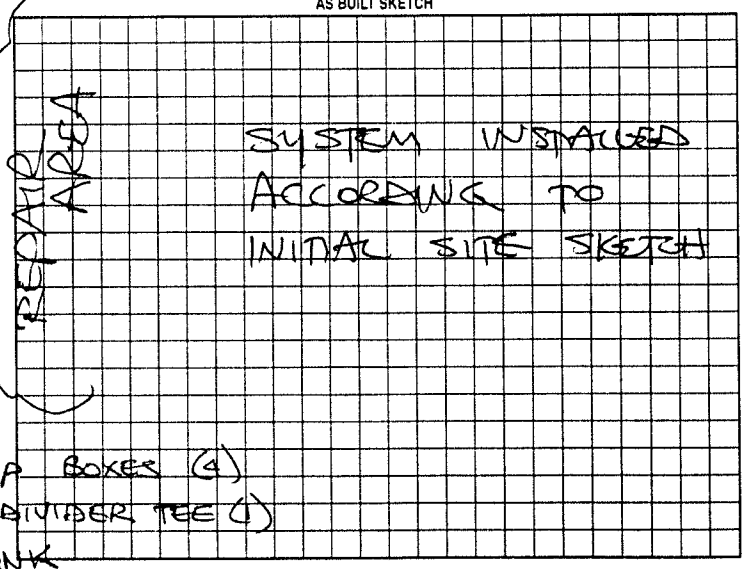
Comments/Conditions:

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1"=40'



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: + Todd Daniels date 5-9-00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HENDRICK date 5-9-00 Operation Permit by: STEVE HENDRICK date 6-5-00

Authorization to Construct by: STEVE HENDRICK date 5-9-00 Existing System Inspection by: date

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