IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139034 PIN# 4841-33-4855 249048 DATE 11-20-06

OWNER OR APPLICANT Michael Wallace PHONE: Business _____ Home 704-539 4413

ADDRESS 111 Hibbs Ln Mur NC 28654

LOCATION Pennington (R) Weisner (L) Current 1st drive on left 1st lot on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. 2 DESIGN FLOW 360 L.T.A.R. 25

Septic Tank: 1500 Gallons: STB 1250 Date 9-26-06
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet 1440 Linear Feet 360
No Lines 5 Trench Width 3a.d Max Trench Bottom Depth 3a.d Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Conquest
Repair System Description: Low Pres 50%
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

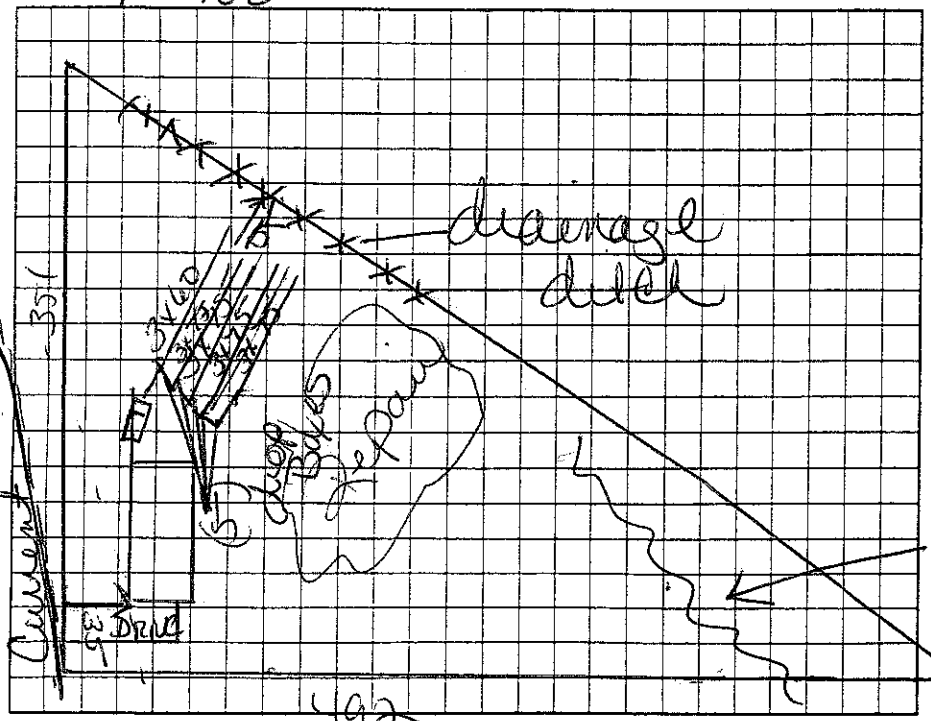
☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:
Vent Riser
4@ 75
1@ 60

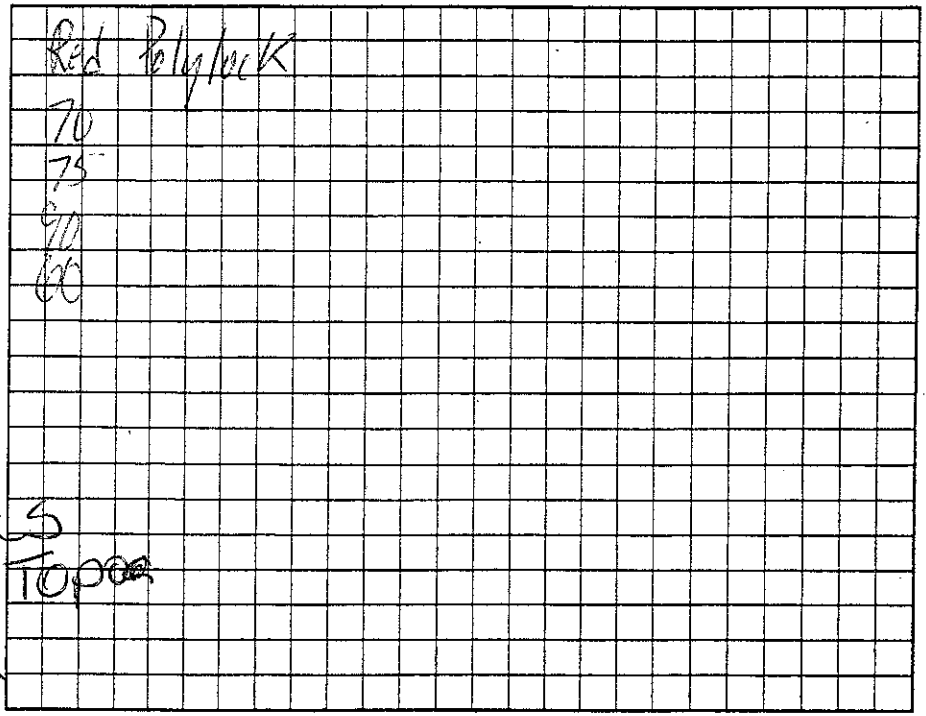
Comments/Conditions:
157 ft. — drainage ditch
Maintain all setbacks
Install as contain

1" = 150'

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: Michael Wallace date 11-20-06 Installed by: Brent Gaither

Improvement Permit by: Kevin Cook date 11-20-06 Operation Permit by: _____ date 2-9-07

Authorization to Construct by: Kevin Cook date 11-20-06 Existing System Inspection by: _____ date _____

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