# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080990 PIN# 4863 61 1281 DATE 5-17-99

OWNER OR CONTRACTOR JOHN E. MOORE PHONE: Business Home 876-1745

ADDRESS P.O. BOX 4, OLIN NC 28660

LOCATION I-77 N TO NC901, TL EAGLE MILLS ROAD, TL NATURES WAY DRIVE, 1ST LOT ON LEFT

SUBDIVISION CHESHIRE RIDGE BLOCK / SECTION III LOT 14 LOT AREA 0.79 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 6-10-2009
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

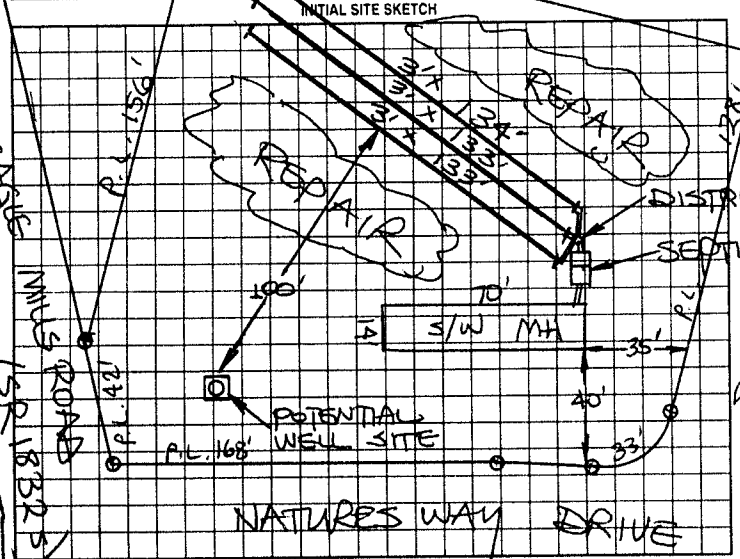
☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

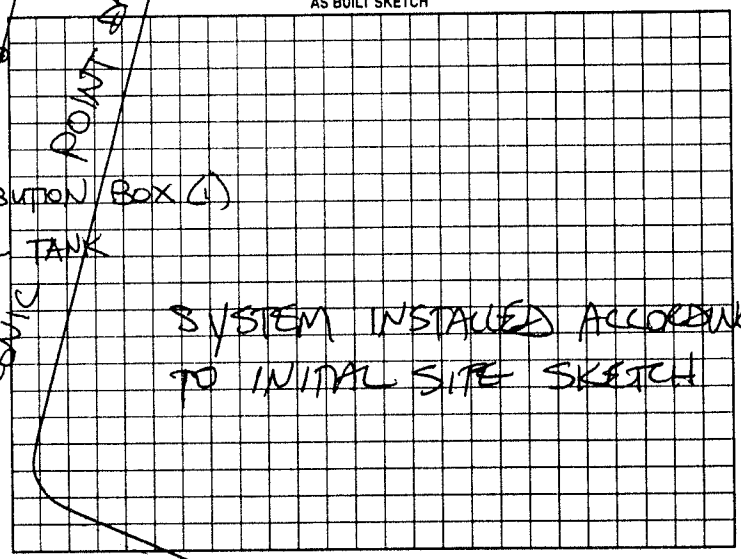
Comments/Conditions:

INITIAL SITE SKETCH




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

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: John E. Moore date 5-17-99 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 5-17-99 Operation Permit by: STEVEN HEDRICK date 7-28-00

Authorization to Construct by: STEVE HEDRICK date 5-17-99 Existing System Inspection by: ____ date ____

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