IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135926 PIN# 4888-85-1570 1570 DATE 5-31-06

OWNER OR APPLICANT Rebecca Gallimer PHONE: Business _____ Home _____

ADDRESS 109 Hamlet Rd Mooresville NC 28634

LOCATION 21 N to Powell Bridge Cross 2nd Bridge 1 mile on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.7221 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 760 Date 2-27-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Gravity
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

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

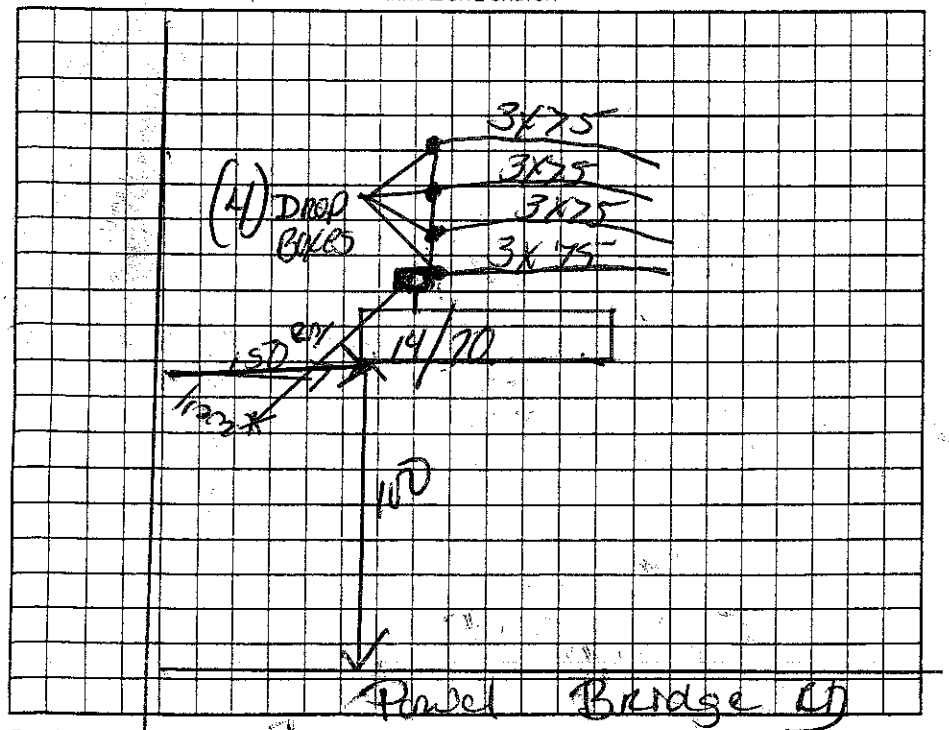
Water Supply: ☐ Individual ☐ Public ☐ Community

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

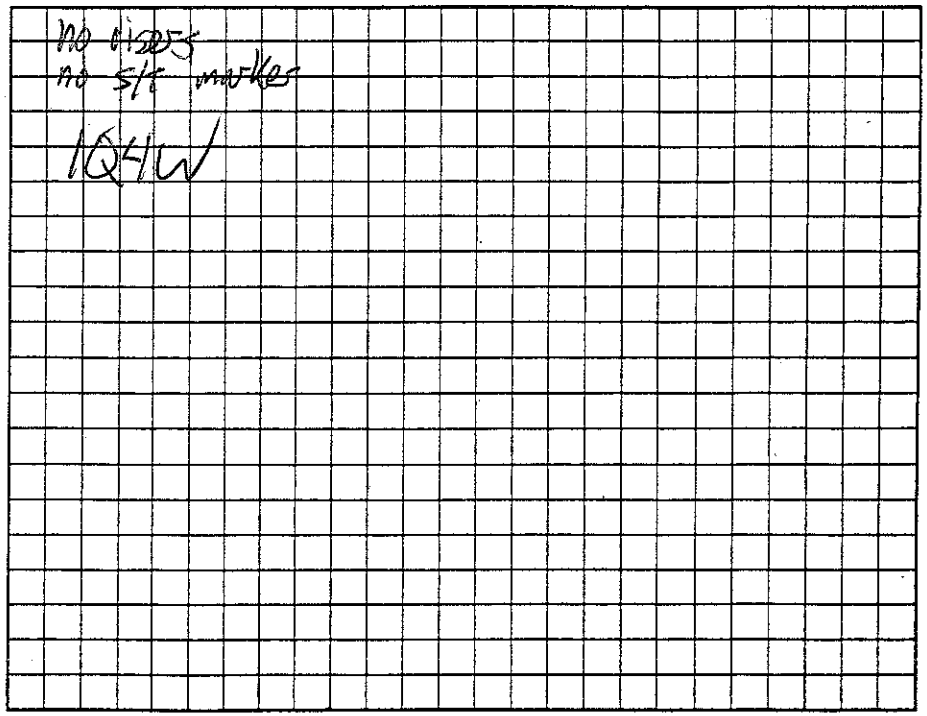
Comments:/Conditions:
(Not to scale) maintain 100' from existing well

Comments:/Conditions:
Maintain all setbacks
Install as Curtain

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: Rebecca Gallimer date _____

Improvement Permit by: Kelly Cox date 5-31-06

Authorization to Construct by: Kelly Cox date 5-31-06

Installed by: Brent Gallimer

Operation Permit by: James Stowe date 6-16-06

Existing System Inspection by: _____ date _____

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