THIS PERMIT VOIDS PREVIOUS ISSUED 2-2-2001

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 5-3-2001

PERMIT# 094078 PIN# 4891 31 5333

OWNER OR CONTRACTOR PAUL T. DRANE PHONE: Business _____ Home _____

ADDRESS 459 WHITNEY RD MOCKSVILLE, NC 27028

LOCATION US 21N, TR NC901, TL SHEFFIELD RD, LOT ON LEFT BEFORE ROCK SPRINGS ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 17.00 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons: STB 760 Date 8-13-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines TWO Trench Width 36" Max Trench Bottom Depth 30" 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 No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

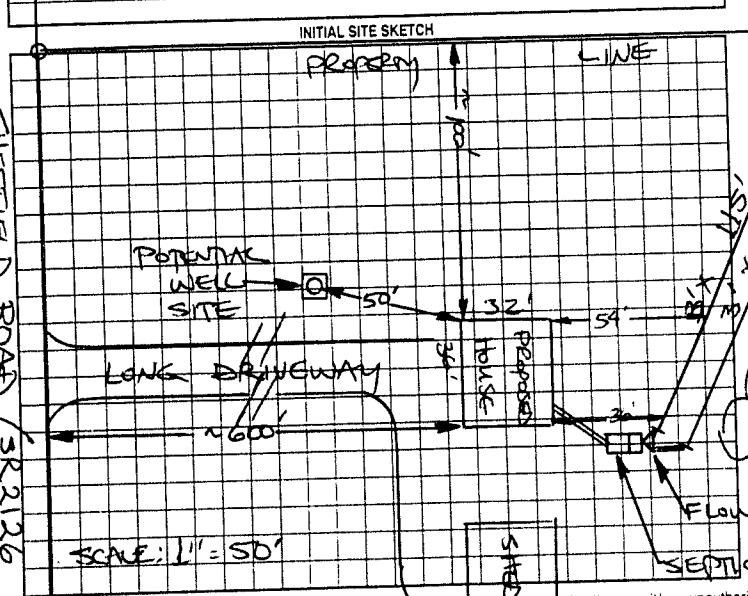
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

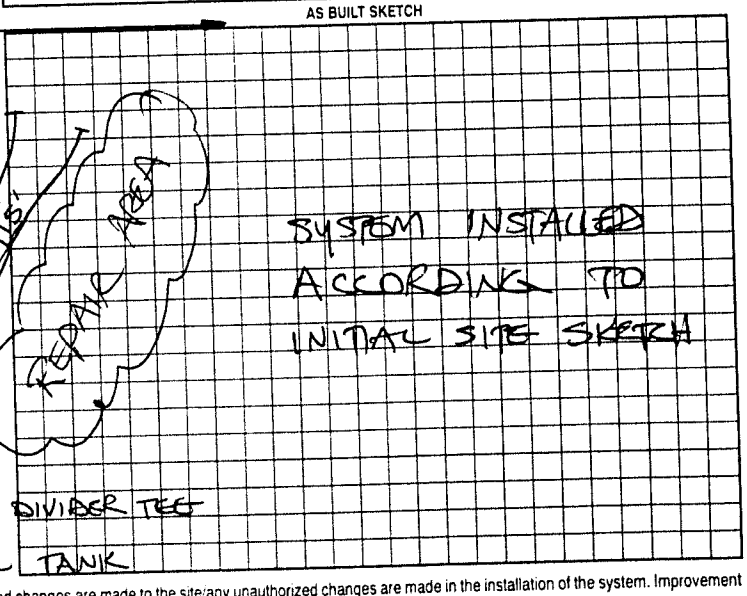
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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: Paul T. Drane date 5-3-01 Installed by: SHERMAN DUNN

Improvement Permit by: STEVE HEDRICK date 5-3-01 Operation Permit by: STEVE HEDRICK date 10-24-01

Authorization to Construct by: STEVE HEDRICK date 5-3-01 Existing System Inspection by: _____ date _____

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