IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087591 PIN# 4892504691 (PART) DATE 2-10-00

OWNER OR CONTRACTOR JODY PAUL CHURCH PHONE: Business Home (336) 468-1576

ADDRESS P.O. BOX 1122, MOCKSVILLE, NC 27028

LOCATION US 21 N, TR POWELL BRIDGE RD, TR TURKEYFOOT RD, TR ROCK SPRINGS RD, 0.3 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.00 ACRES SITE CLASS PS DESIGN FLOW 300 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-6-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____
No Lines THREE 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

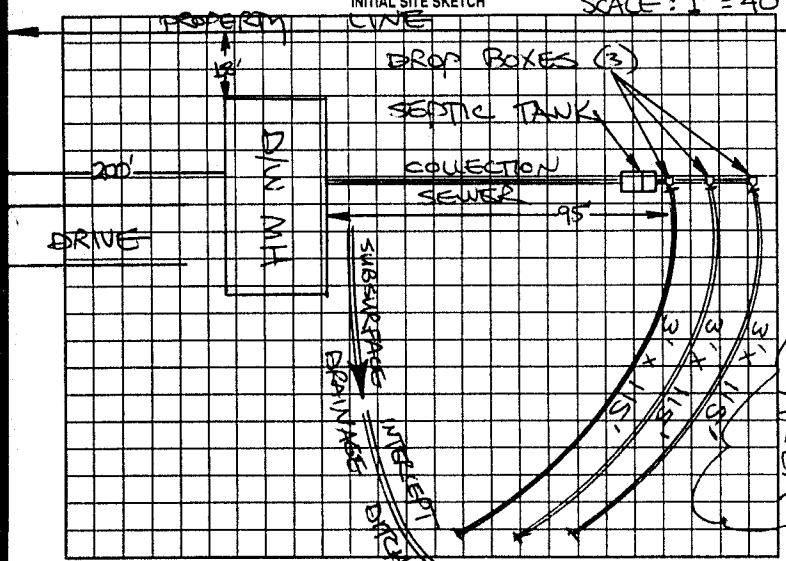
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

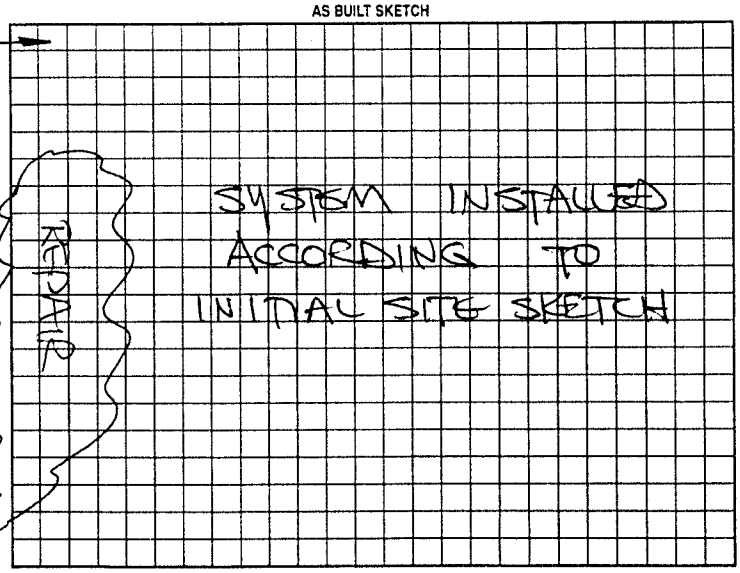
Comments/Conditions: ① INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 42" DEEP ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLY-FLOK" 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.

P.L.

Signed: X [signature] date 2-10-00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 2-10-00 Operation Permit by: STEVE HEDRICK date 3-3-00

Authorization to Construct by: STEVE HEDRICK date 2-10-00 Existing System Inspection by: _____ date _____

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