IREDELL COUNTY HEALTH DEPARTMENT

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

Voids All Previous Permit

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

PERMIT# 82233 PIN# 3793969961 DATE March 15 2000

OWNER OR CONTRACTOR David MacKAN PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Old NTRD South (8) (6) Mocksville 2nd LT past Stewart Rock entrance

SUBDIVISION Stewart Acres BLOCK / SECTION _____ LOT 26 LOT AREA 1.03Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 1-13-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI

System Description: Conv GRAVITY

Repair System Description: Pump Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

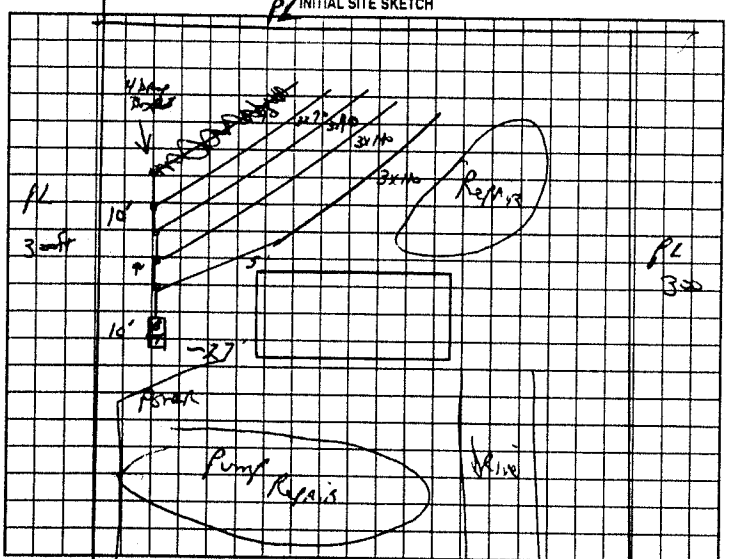
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: INSTALLED AS Flagged on Contour

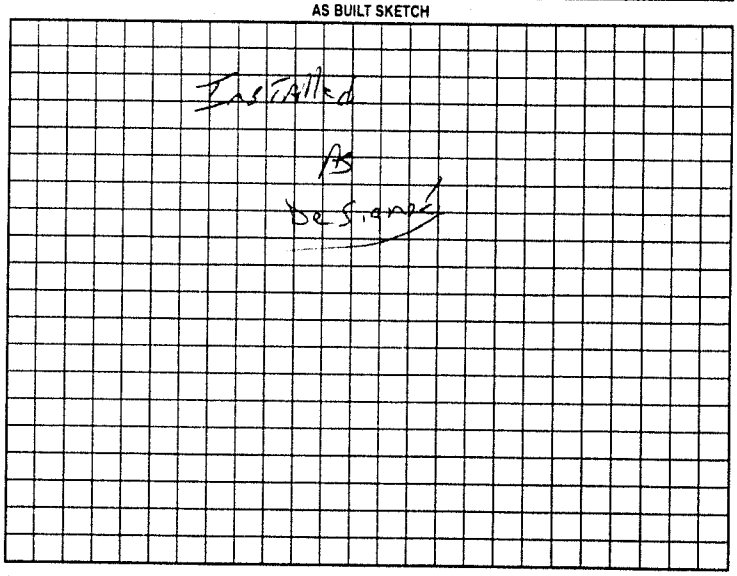
Comments/Conditions:

NOT TO SCALE

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: David MacKan date _____ Installed by: J + J Backhoe

Improvement Permit by: Jc Potter date 3 15 2000 Operation Permit by: JC Potter date April 7 2000

Authorization to Construct by: Jc Potter date 3 15 2000 Existing System Inspection by: _____ date _____

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