IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083604 PIN# 083604 4614865138 DATE 11/26/01

OWNER OR CONTRACTOR Reid Pinkham PHONE: Business (704) 451-5080 Home 662-9596

ADDRESS 130 Stepaside Ln Mooresville NC 28117

LOCATION Brawley School Rd. TR Tuscarora TR Lucent TR Stepaside

SUBDIVISION Meck Rock BLOCK / SECTION 6 LOT 253 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☒ Other Detached Garage

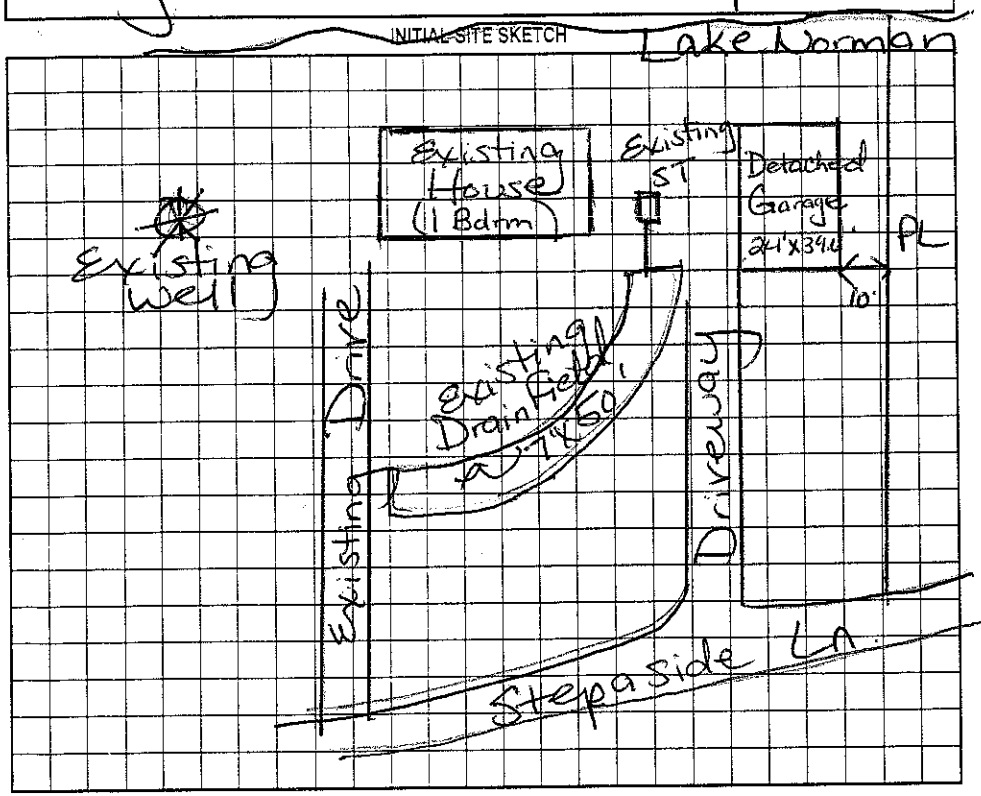
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Septic System Okay for 2 Bedrooms, additional bedrooms will require upgrade to Drainfield

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: _____ date

Improvement Permit by: Marian H. Hudson R.S. date 11/26/01

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date

Existing System Inspection by: Marian H. Hudson R.S. date 11/26/01

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