IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE ~~704-664-5281~~ 451-5591

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

PERMIT# 88503 PIN# 4614955983 DATE 3/31/2000

OWNER OR CONTRACTOR Joseph C Jones PHONE: Business _____ Home (704) 608-8681

ADDRESS 920 Iberville St Charlotte NC 28270

LOCATION Brawley School Rd TR Tuskarora TR Lucent Ln 3rd home on right

SUBDIVISION Watt BLOCK / SECTION 6 LOT 249 LOT AREA .74 Acre SITE CLASS. _____ DESIGN FLOW 360gpd 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 _____ Linear Feet _____

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

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ___

☐ Other _____

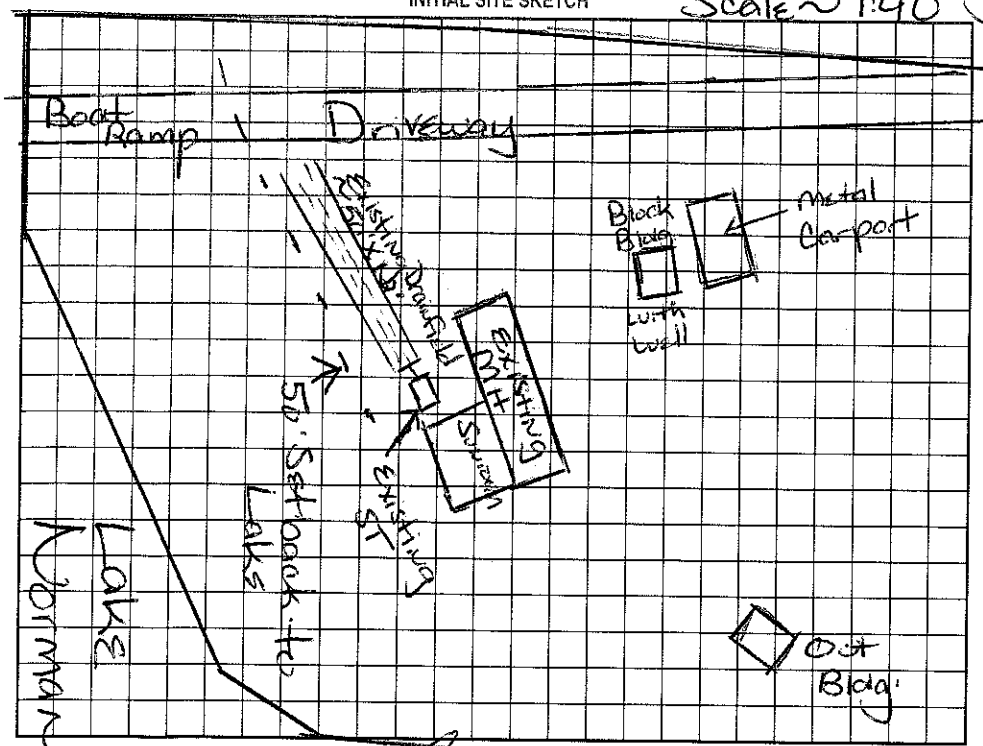
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection. No problems noticed. (Note: Former Meck/Cook area, No records of System available)

Comments/Conditions: 3Bdroom M.H being replaced by 3 Bedroom *Keep New home at least 5' from any part of Septic Syst.

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.

Signed: _____ date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 3/31/2000 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Dotson RS date 3/31/2000 Existing System Inspection by: Maria Dotson date 3/31/00

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