# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07/827 PIN# 4616 91 7061 DATE 3/9/98

OWNER OR CONTRACTOR Gary Taylor PHONE: Business Home 664-5761

ADDRESS 108 Landover Lane Mooresville, NC. 28115

LOCATION 108 Landover Ln; 1100 TR Chestnutwood to end TL TR Landover, 1st house on R

SUBDIVISION C L + T BLOCK / SECTION 7 LOT 80 LOT AREA .96 SITE CLASS. PS DESIGN FLOW ~~450~~ 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8/27/97

Pump Tank: ~~1000~~ Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet *720 Linear Feet *240

No Lines 3 or 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth STAND

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

System Description: PM – Type III – PPBS

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms ~~3~~ 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

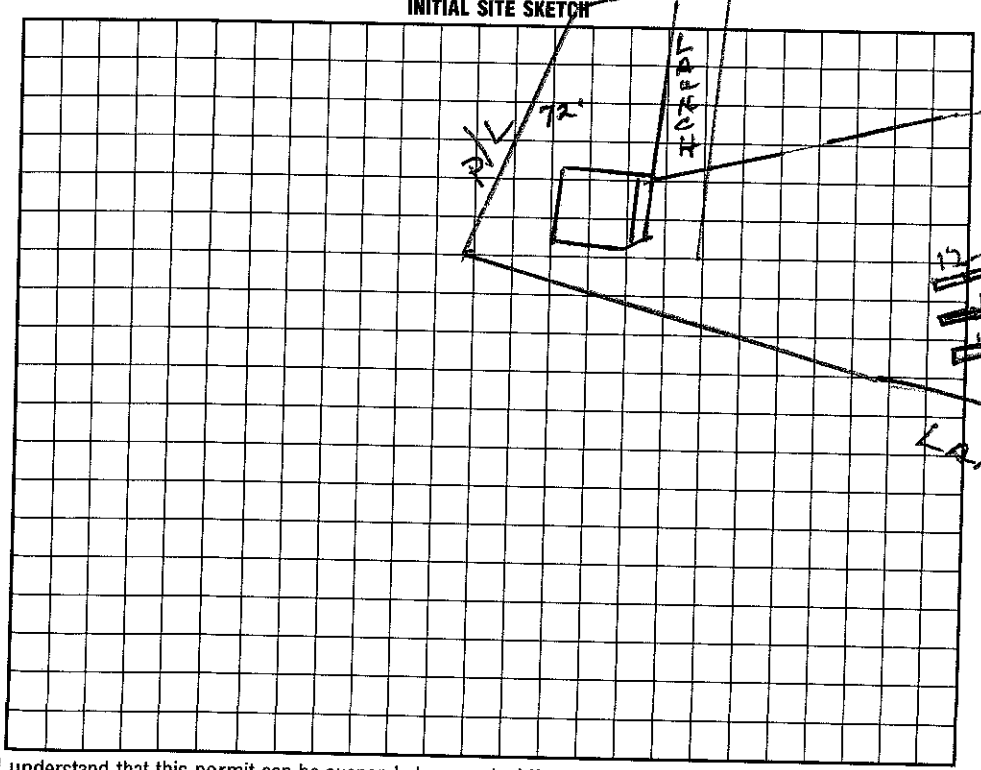
Comments:/Conditions: PPBS used for 50% reduction LN

Comments:/Conditions: LN

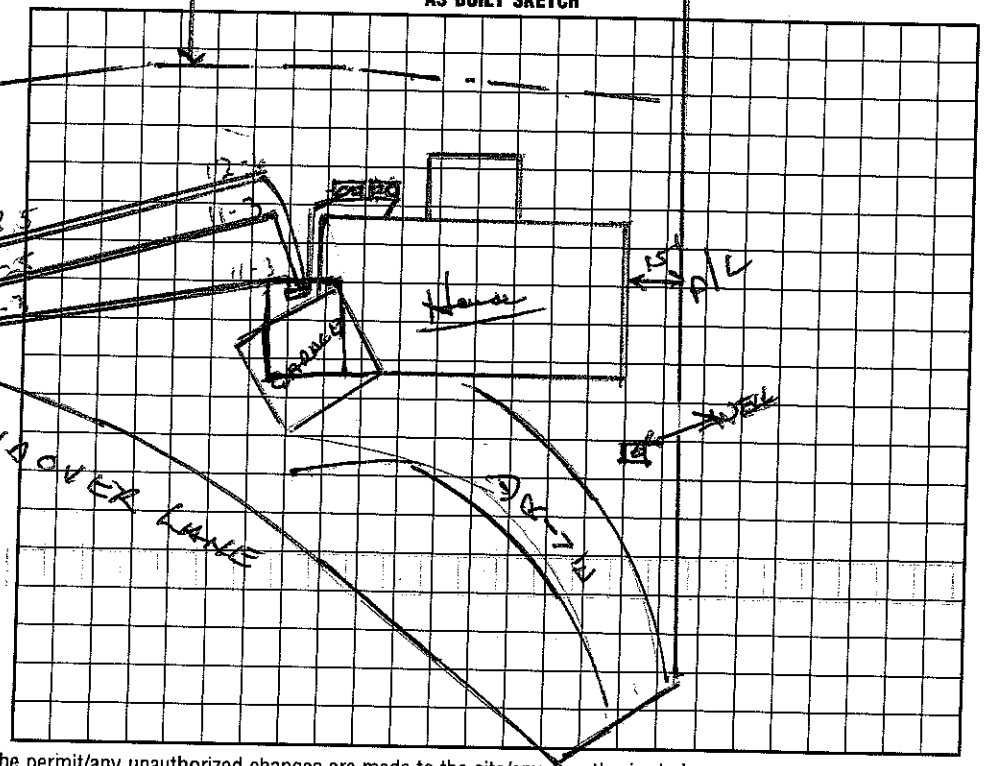
Plumbing changed gravity used *

1" = 50'

### INITIAL SITE SKETCH




### AS BUILT SKETCH




I understand that this 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: * R L Taylor date

Improvement Permit by: Wesley Sparks RS. date 3/9/98

Authorization to Construct by: Wesley Sparks RS. date 3/9/98

Installed by: Larry Tucker

Operation Permit by: Wesley Sparks RS. date 1/21/00

Existing System Inspection by: date

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