528-102 F

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# No PIN# 4624052431 DATE 12/6/99

OWNER OR CONTRACTOR Joe Booze PHONE: Business 359-2603 Home 664-2847

ADDRESS 115 Beth Creek Rd. Mooresville, NC. 28117

LOCATION 1100, TR Tuscarora Rd, TL Beth Creek Rd, 1st house on (L)

SUBDIVISION No BLOCK / SECTION ____ LOT ____ LOT AREA >20,000 Ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ____

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 300

No Lines 3 Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 12"

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

~~System~~ REPAIR Description: LARGE BED SYSTEM

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

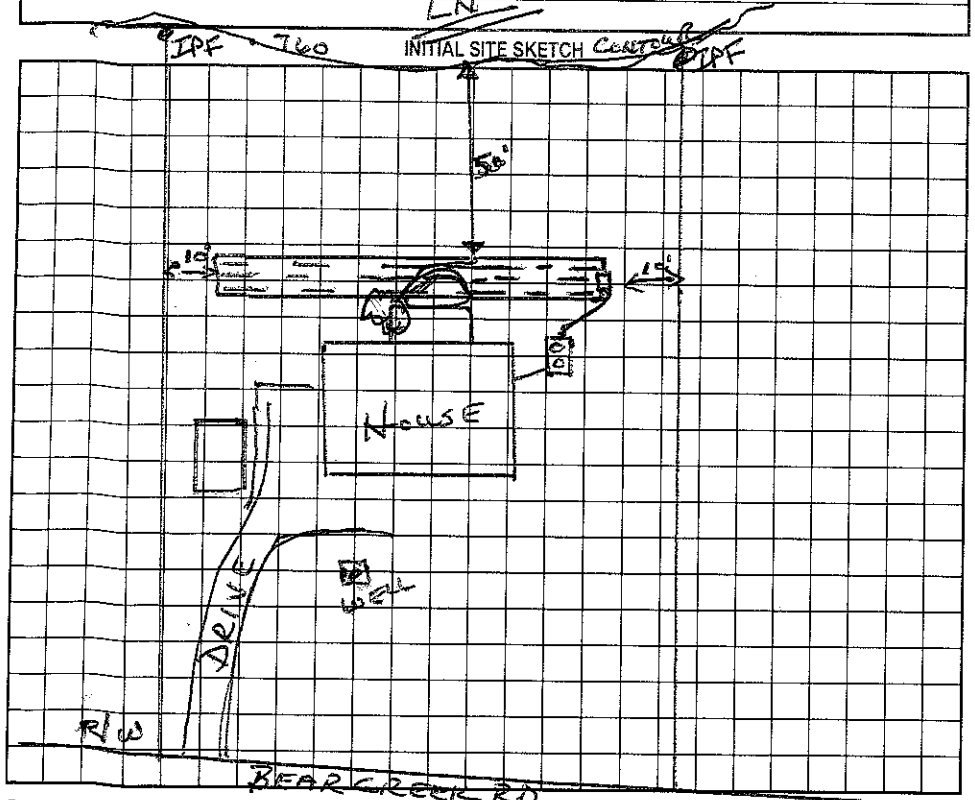
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ADD FILTER IN SEPTIC TANK. ✓
10' X 100' BED WITH 300' OF DRAIN PIPE

Comments/Conditions: 100' x 10' Bed installed, pipe around large Oak at foot of deck stairs

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: * Lisa R. Booze date 12-7-99

Improvement Permit by: Wesley Sparks RS. date 12/6/99

Authorization to Construct by: Wesley Sparks RS date 12/6/99

Installed by: Barry Simmons

Operation Permit by: Wesley Sparks RS date 3/8/00

Existing System Inspection by: ____ date ____

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