IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21678 PIN# 4625 58 9147 DATE 2/11/99

OWNER OR CONTRACTOR Terence James PHONE: Business _____ Home _____

ADDRESS 115 Chinook Lane Mooresville, NC 28115

LOCATION 1100 TR Bay Harbour TL Lake Mist TL Chinook Ln. to culde sac, st straight down drive

SUBDIVISION HARBOUR BLOCK / SECTION 2 LOT 12 LOT AREA ~.65AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 175 Linear Feet 58'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: _____

Repair System Description: 1 - 58'x3' 16" PPBS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

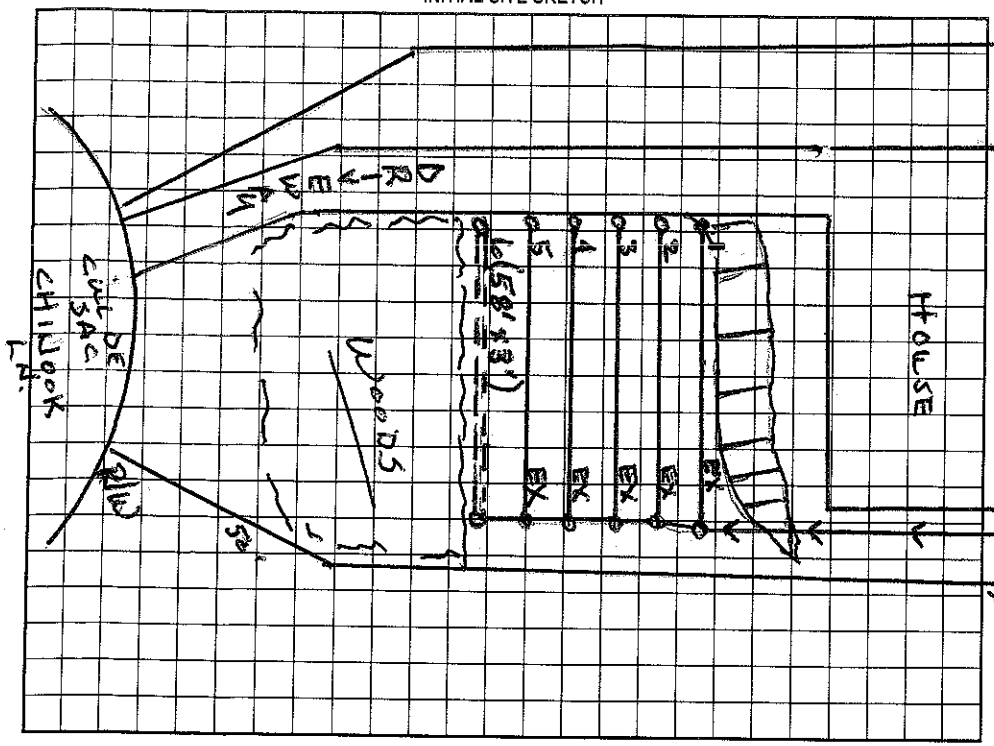
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

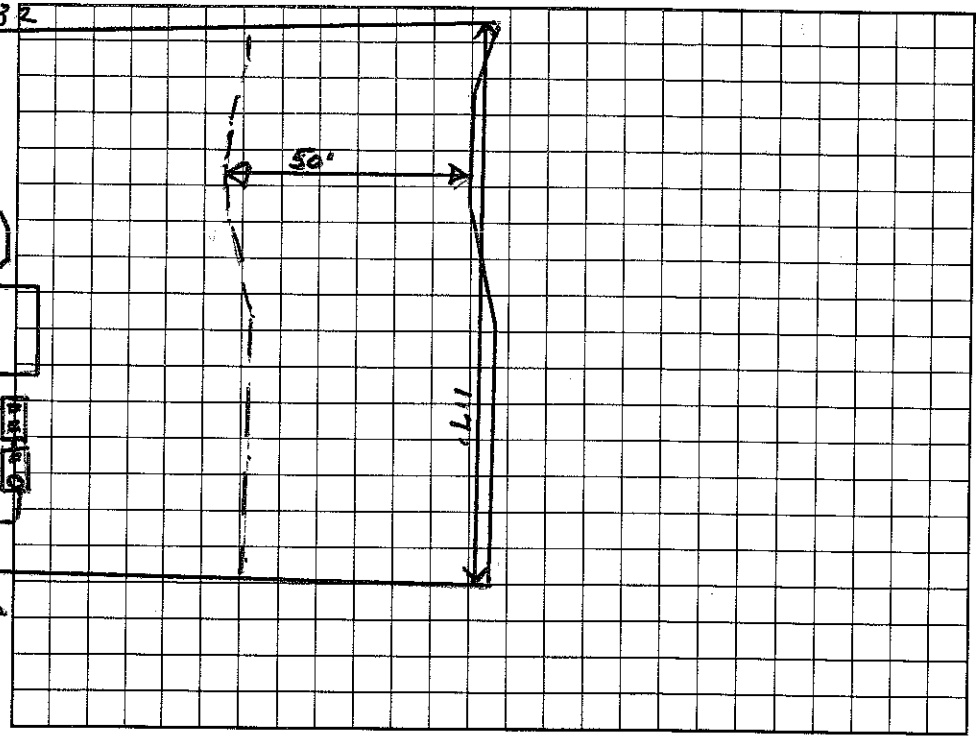
Comments:/Conditions: Cut valve off on line #1 - Add Line #6 in it's place as shown on this permit.

Comments:/Conditions: Checked length of line = 53'

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: _____ date _____

Authorization to Construct by: Wesley Sparks RS. date 2/11/99

Installed by: MacLeod Const.

Operation Permit by: Wesley Sparks RS. date 8/30/99

Existing System Inspection by: _____ date _____

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