IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4626043069 DATE 9/1/05

OWNER OR CONTRACTOR Perryn Deaton PHONE: Business _____ Home 704-664-3782

ADDRESS 838 Fernleaf Mooresville NC 28115

LOCATION BSR, TR McKendree to End, TL Kemp, on Rt #917

SUBDIVISION CLAT BLOCK / SECTION 8 LOT 201 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480 L.T.A.R. —

Septic Tank: 1000 Gallons; STB 794 Date 7/25/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 80'

No Lines 3 Trench Width 9' Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conventional Bed

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

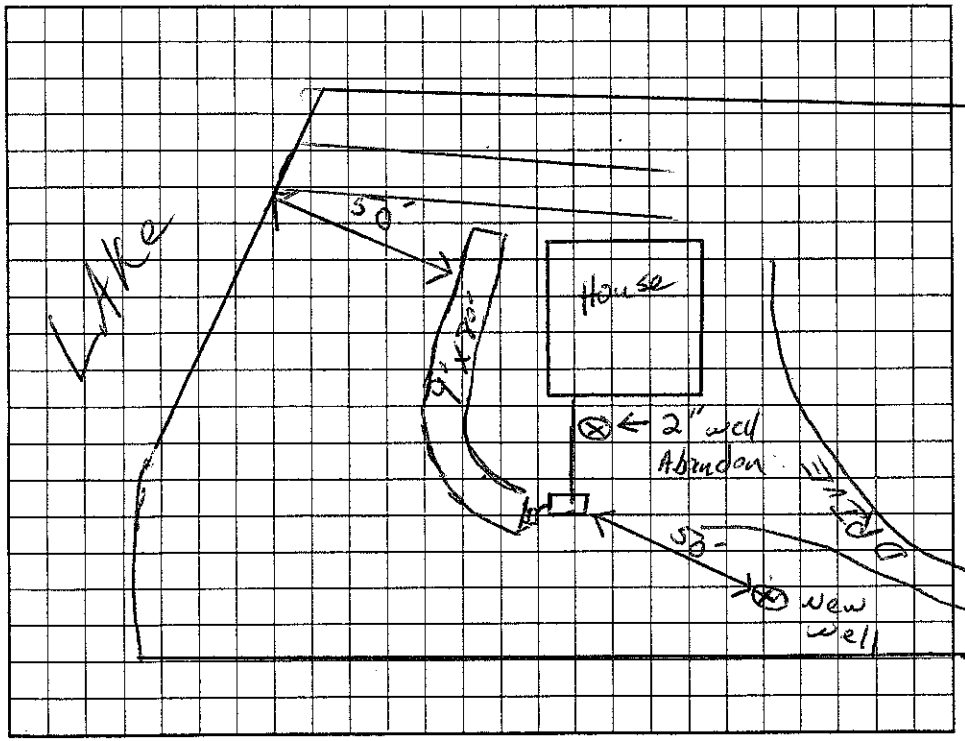
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

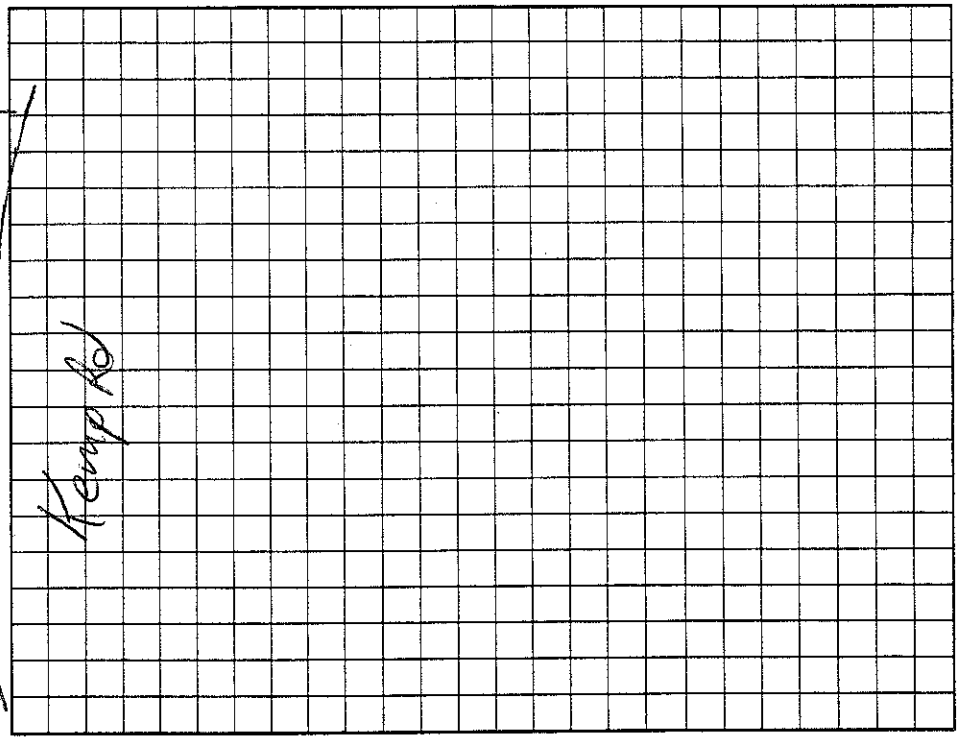
Comments:/Conditions:

Comments:/Conditions:

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: _____ RS date 9/1/05

Authorization to Construct by: _____ RS date 9/1/05

Installed by: Ray Beam

Operation Permit by: _____ RS date 9/9/05

Existing System Inspection by: _____ date _____

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