Mark Morton

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080066 PIN# 4626051938 DATE 4/28/99

OWNER OR CONTRACTOR Ron Smith PHONE: Business 704-662-6666 Home

ADDRESS 129 Fast Lane, Mooresville NC 28117

LOCATION Brawley School, TR McKendree, on LT Past Kemp

SUBDIVISION Pine Knoll Pt BLOCK / SECTION LOT 4 LOT AREA .71 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8-14-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 404 Linear Feet 268
No Lines 4@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Panel/Gravity
Repair System Description: Pump/Panel
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

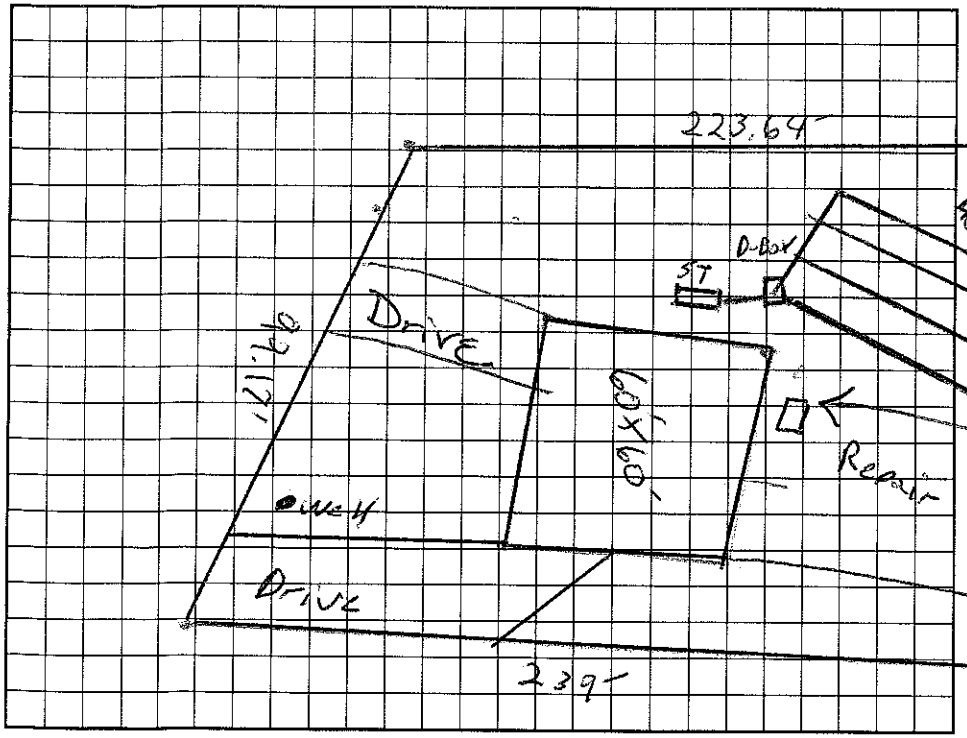
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

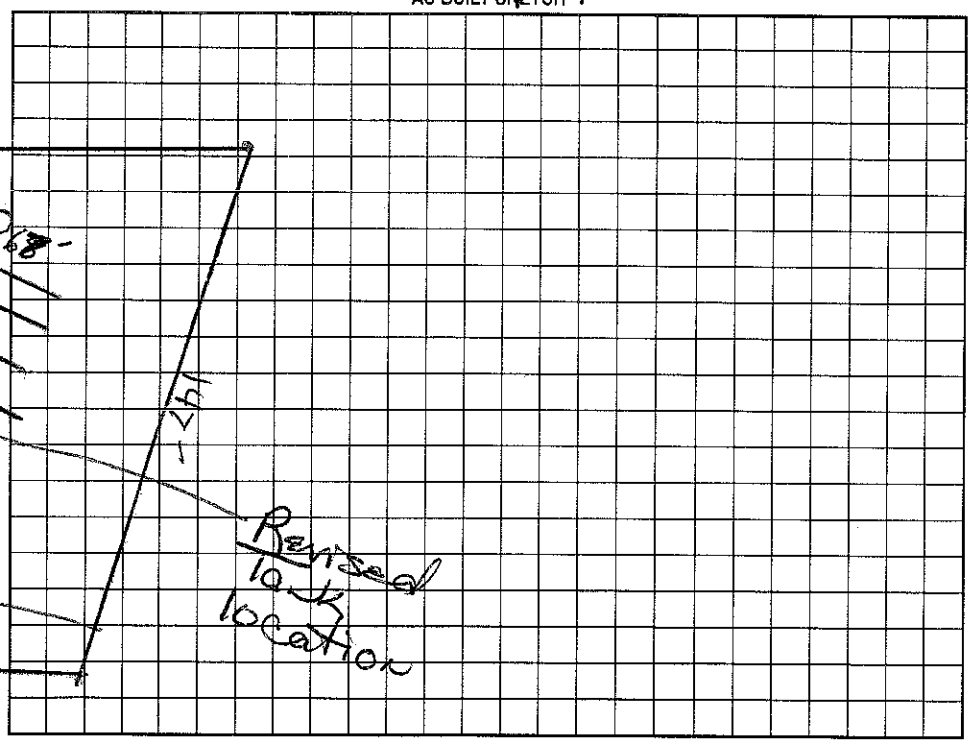
Comments:/Conditions: Install lines on contour
Keep septic 5' off house & 10' off Pt
Well must be 50' min. off septic

Comments:/Conditions: Tank Only checked 11/1/99 MM
Checked lines 11/4/99 MM
D-Box checked 3/28/2000

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 4/28/99 Installed by: Victory Construction

Improvement Permit by: Jeff Mogan date 4/26/99 Operation Permit by: date 3/28/2000

Authorization to Construct by: Jeff Mogan date 4/26/99 Existing System Inspection by: date

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