IREDELL COUNTY HEALTH DEPARTMENT Const. Auth.

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. L 16636 DATE Sept. 10, '97 TAX MAP NO. 2F3B2 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Larry Bailey PHONE: Business _____ Home 660-5809, 660-5945

ADDRESS 141 Pine Meadow Lane, Mooresville 28115 4626-06-4206

LOCATION Brawley School Rd. TR McKendree on left

SUBDIVISION Pine Knoll Pt. BLOCK / SECTION _____ LOT 2 LOT AREA >24,000 sq ft SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. ~.35

Septic Tank: 1000 Gallons; STB 1012 Date 7/6/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3@115' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: gravel pumped conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

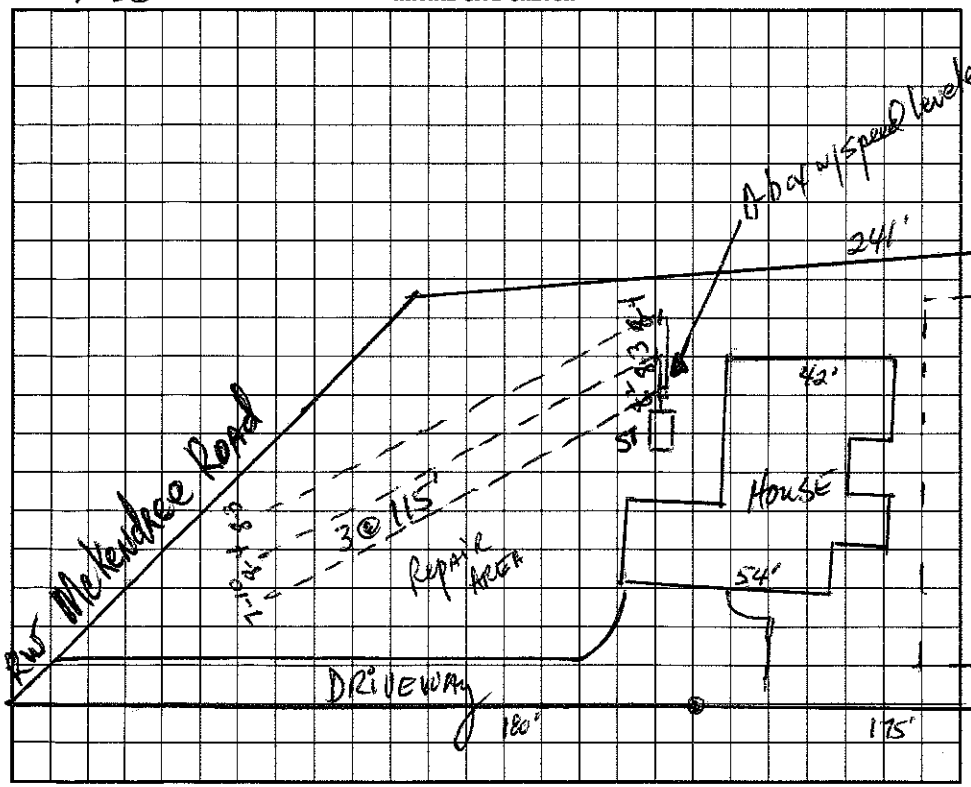
Comments:

Bedroom permit issued 7-26-93. House reduced to 3 bedrooms.

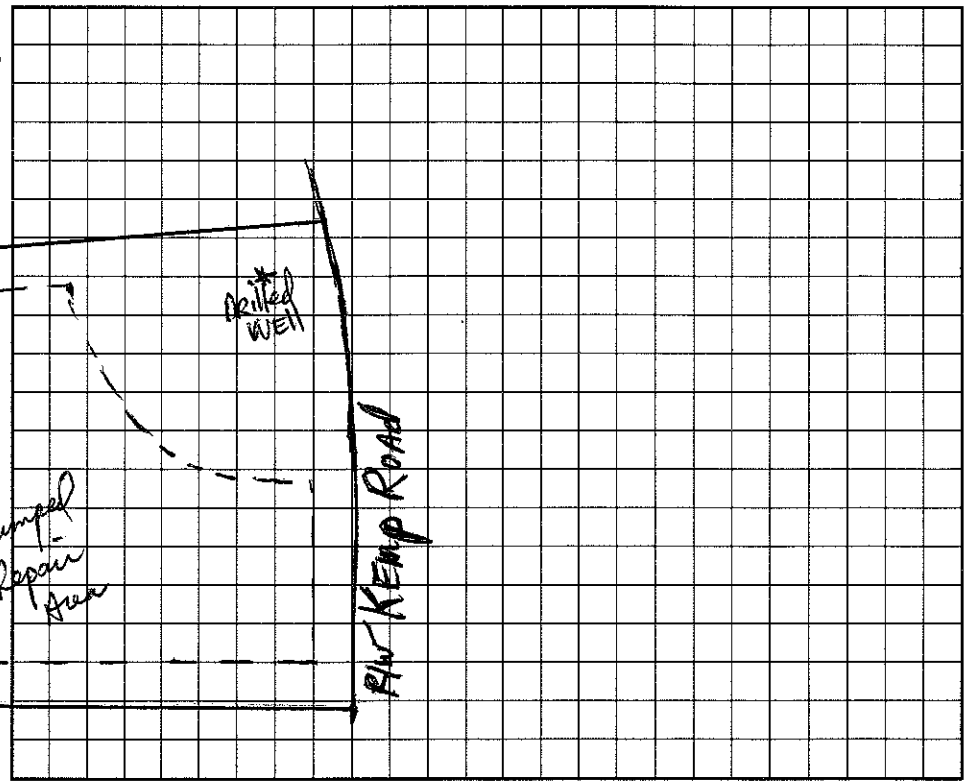
Comments:

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 is valid for 60 months from date of issuance.

Signed: *Larry Bailey

Improvement Permit by: D.R. Lemmon, RS date 9-10-97

~~Existing System Inspection~~ Construction Authorization by: D.R. Lemmon, RS date 9-10-97

Installed by: Tommy Frye

Certificate of Completion by: Wesley Sparks R.S. date 9/11/98

Operation Permit by: _____ date _____

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