IREDELL COUNTY HEALTH DEPARTMENT

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

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

As Built

PERMIT# 131279 PIN# [redacted] DATE 7/13/07

OWNER OR APPLICANT Jasper Builders PHONE: Business _____ Home _____

ADDRESS 804 N. Main St Mooresville NC

LOCATION Brawley School Rd TR McKendree TR Barrs Foot Ln TR E Cold Hollow Farm

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 485 LOT AREA 1.21 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: 1500 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LP Panel Block

Repair System Description: same

Maintenance Agreement Required: ☒ Yes ☐ No

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

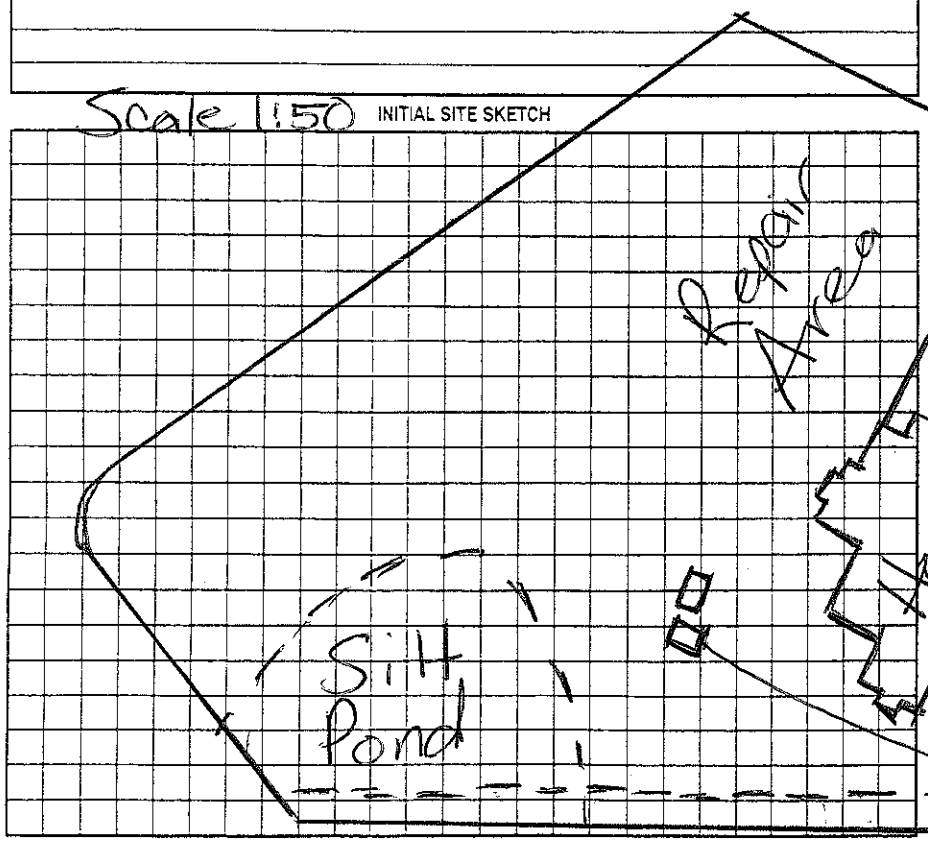
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

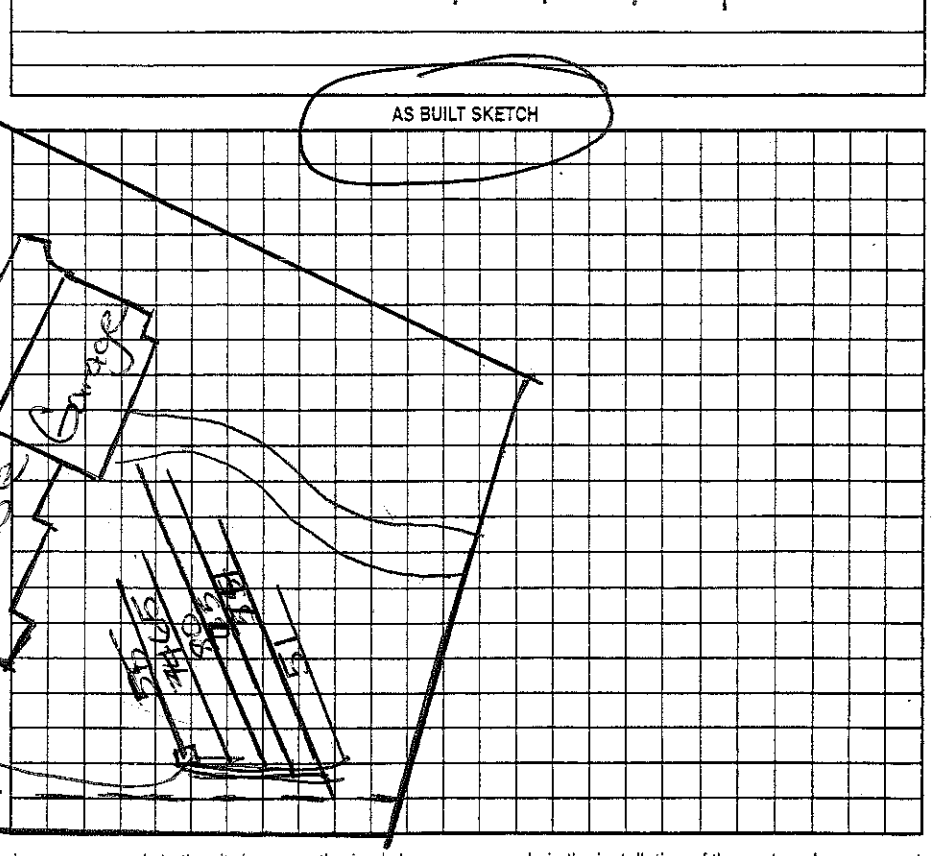
Comments:/Conditions:

Comments:/Conditions: Lines = 51, 74, 75, 80, 65 & 55

Scale 1:50 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 _____ Installed by: Richard Abernathy

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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