IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE Feb 17, 99

PERMIT# 078932 PIN# 4626 66 4452 4626664457

OWNER OR CONTRACTOR Ron Hornaday PHONE: Business _____ Home _____

ADDRESS 259 McKendree Rd. Mooresville

LOCATION Brawley Sch Rd TR McKendree Rd 1/2 mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA N/Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 2/22/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity Panel Block

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

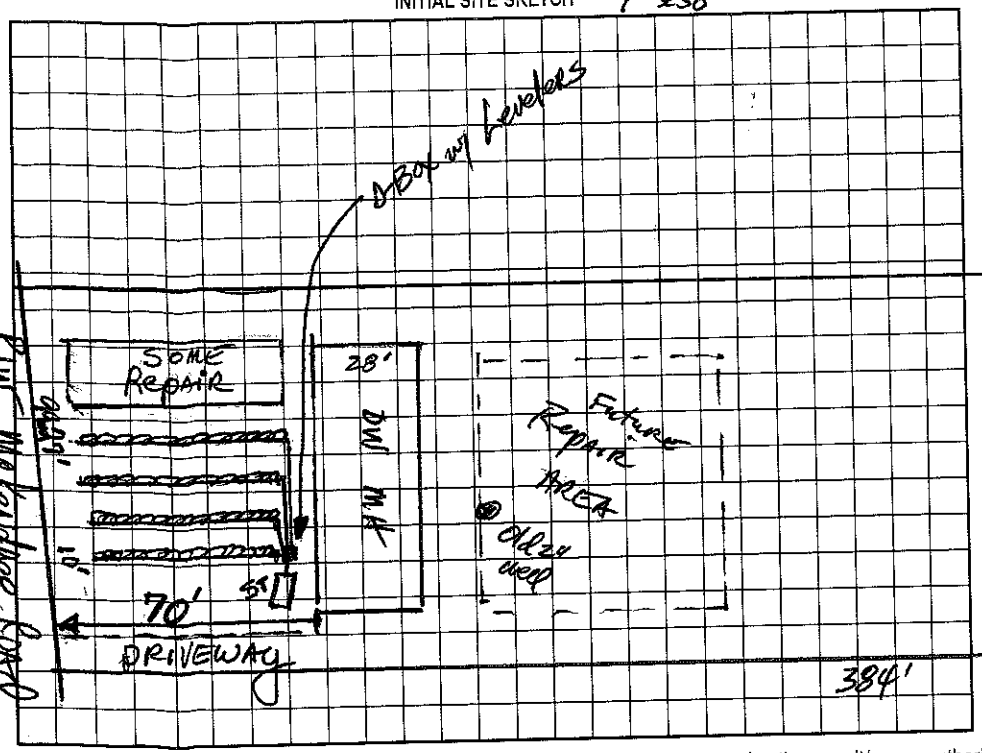
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

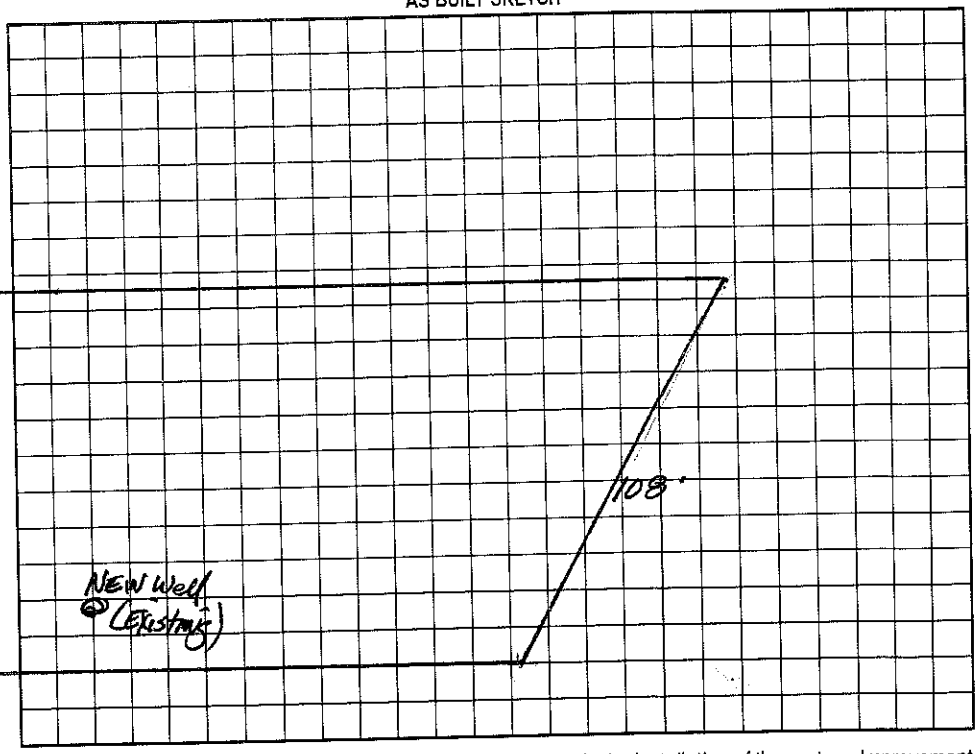
Comments:/Conditions: Old 2" well to be properly ABANDONED. Copy of proper abandonment to be supplied to this office prior to issuance of Operation Permit.

Comments:/Conditions: (NO SEAL)

INITIAL SITE SKETCH 1" = 50'



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: _____ Agent

Improvement Permit by: _____ date 2-17-99

Authorization to Construct by: _____ date 2-17-99

Installed by: ABERNATHY

Operation Permit by: Wesley Sparks RS. date 2/20/99

Existing System Inspection by: _____ date _____

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