250

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136429 PIN# 4627784320 DATE 6/26/06

OWNER OR APPLICANT Tina Cook PHONE: Business _____ Home _____

ADDRESS 204 Greenbay Rd Mooresville NC

LOCATION 150 W, TL Paradise Pen, TL Greenbay, on Rt # 204

SUBDIVISION CL+T BLOCK / SECTION 10 LOT 166 LOT AREA 0.55 AC SITE CLASS RS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: Exist. Gallons: ST8 _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100' Add

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

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

System Description: 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

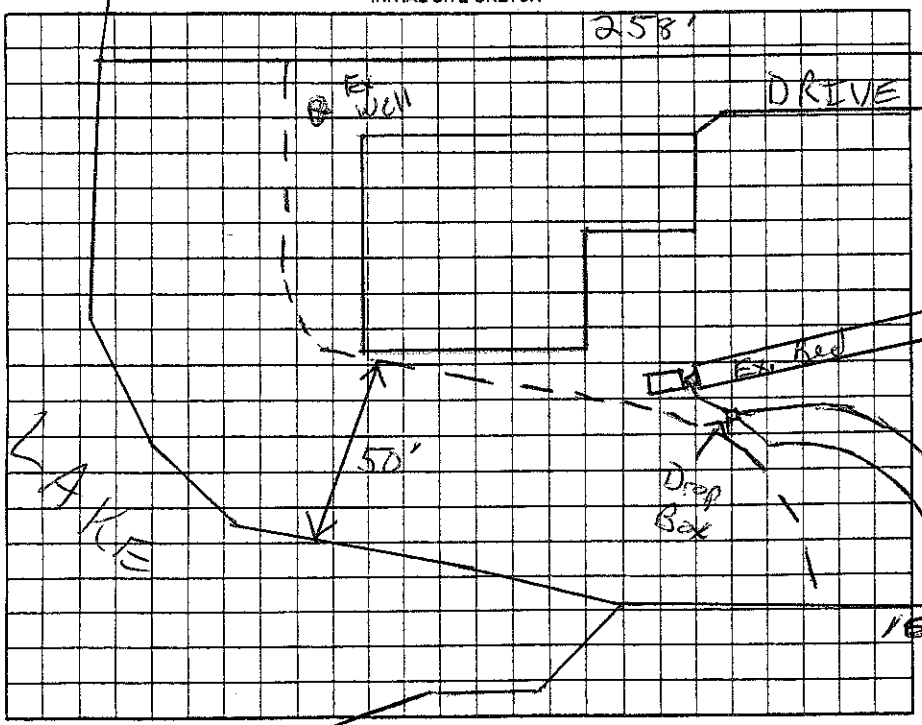
Water Supply: ☒ Individual ☐ Public ☐ Community

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

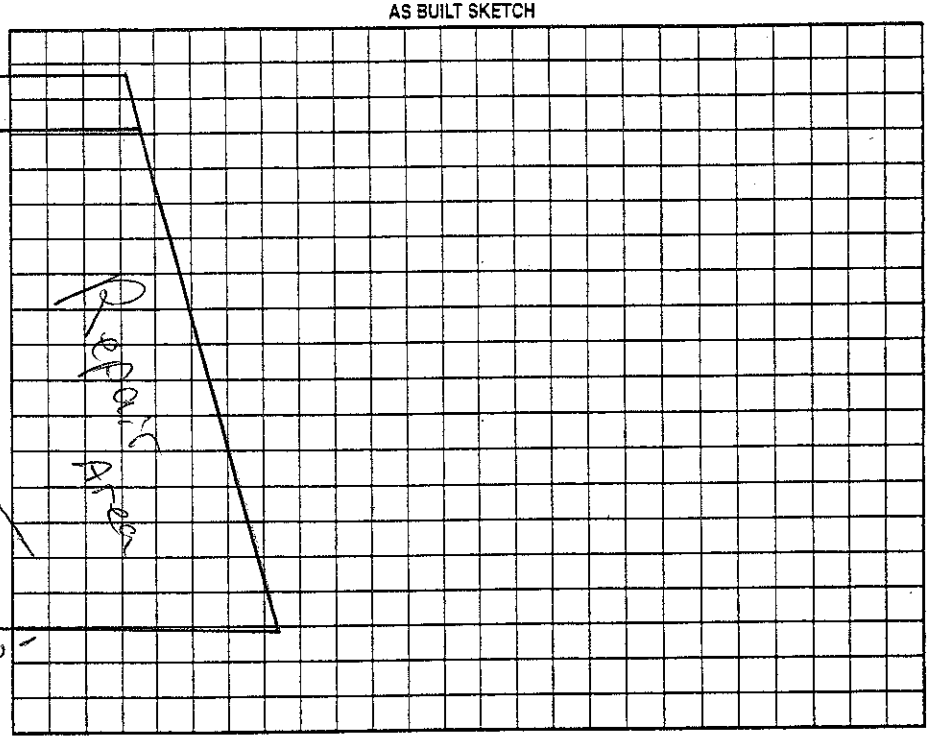
Comments:/Conditions:

Comments:/Conditions: Existing Bed Permitted for 3 bedroom
Adding 100' 25% Reduction For 4th bedroom

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: Tina L Cook date _____

Improvement Permit by: _____ RS date 6/26/06

Authorization to Construct by: _____ RS date 6/26/06

Installed by: Robbie Brown

Operation Permit by: Wesley Sparks RS date 6/21/07

Existing System Inspection by: _____ date _____

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