IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145052 PIN# 4627 88 2992 DATE 9-28-07

OWNER OR APPLICANT Debbi Jayner Laird PHONE: Business 564-3021 Home

ADDRESS 122 Greenbay Rd Mooresville NC 28117

LOCATION Hwy 150 W to Paradise TL Greenbay on Rt

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.169 Acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 24

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

System Description: Existing Pump-25% Red.

Repair System Description: 1P-Drip

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

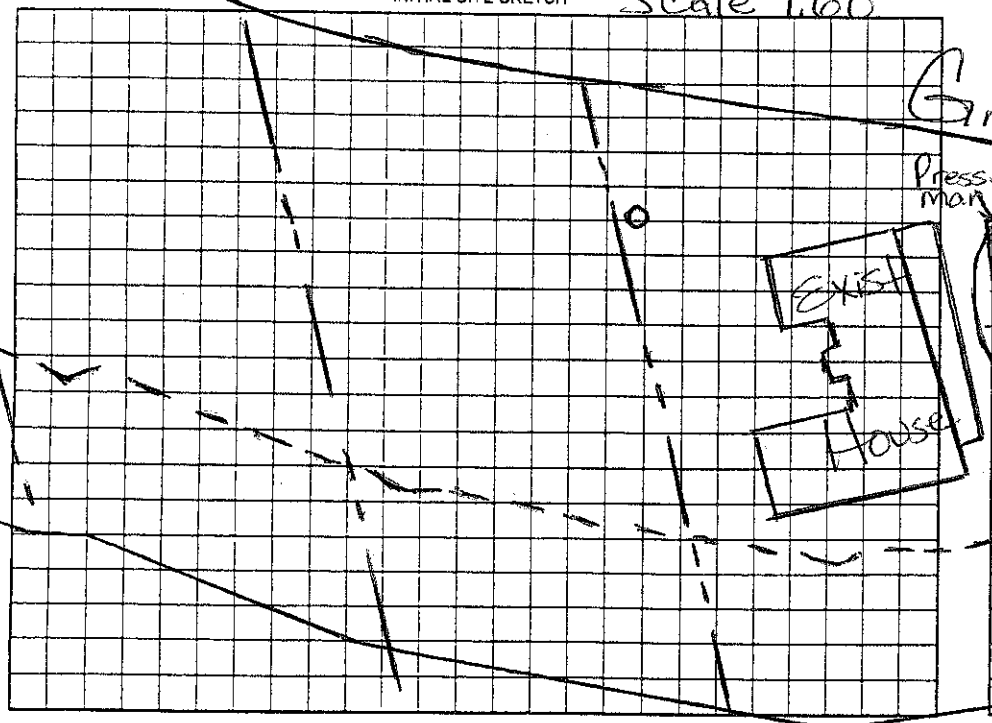
Water Supply: ☒ Individual ☐ Public ☐ Community

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

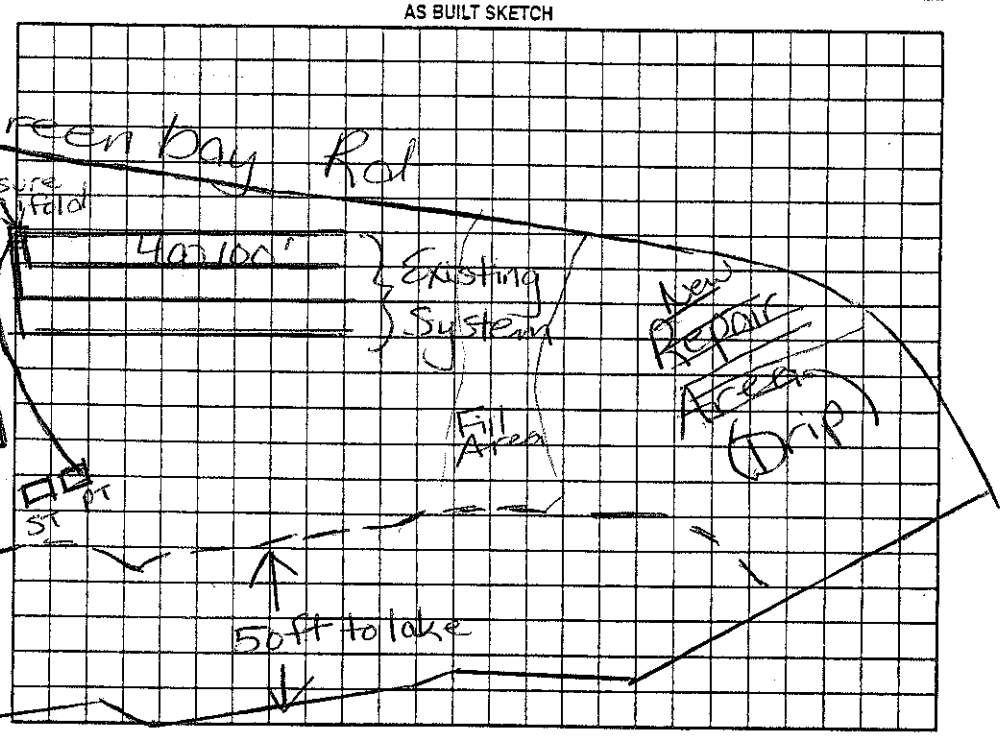
Comments:/Conditions: Note: Permit was Redrawn due to Subdiving Property & had to redesignated Repair Area.

Comments:/Conditions: ~~X~~ See attached plan by Michael Athanas & Associates, Inc. for New Repair area, Now a "Drip"

INITIAL SITE SKETCH Scale 1:60'



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: [signature] date 10/2/2007 Installed by:

Improvement Permit by: [signature] RS date 9/28/07 Operation Permit by: date

Authorization to Construct by: [signature] date 9/28/07 Existing System Inspection by: [signature] RS date 9/28/07

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