IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075836 PIN# 4627820064 DATE 12/8/99

OWNER OR CONTRACTOR John & Judith Dillon PHONE: Business _____ Home 664-3874

ADDRESS 110 Honeysuckle Ln. Mooresville

LOCATION Brawley School Rd TR Blume TL Beaten Path TR Honeysuckle Ln on Right

SUBDIVISION Crescent L&T BLOCK / SECTION 9 LOT 49 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/13/99

Pump Tank: 1000 Gallons; PT 27 Date 12/29/99

Pump Make: HYDROMATIC Model SK 50A1 Serial No. 11/99

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: LP-Paved Block

Repair System Description: Lot deeded prior to 1982

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 ☐ Public ☐ Community

Comments:/Conditions: Abandon existing ST

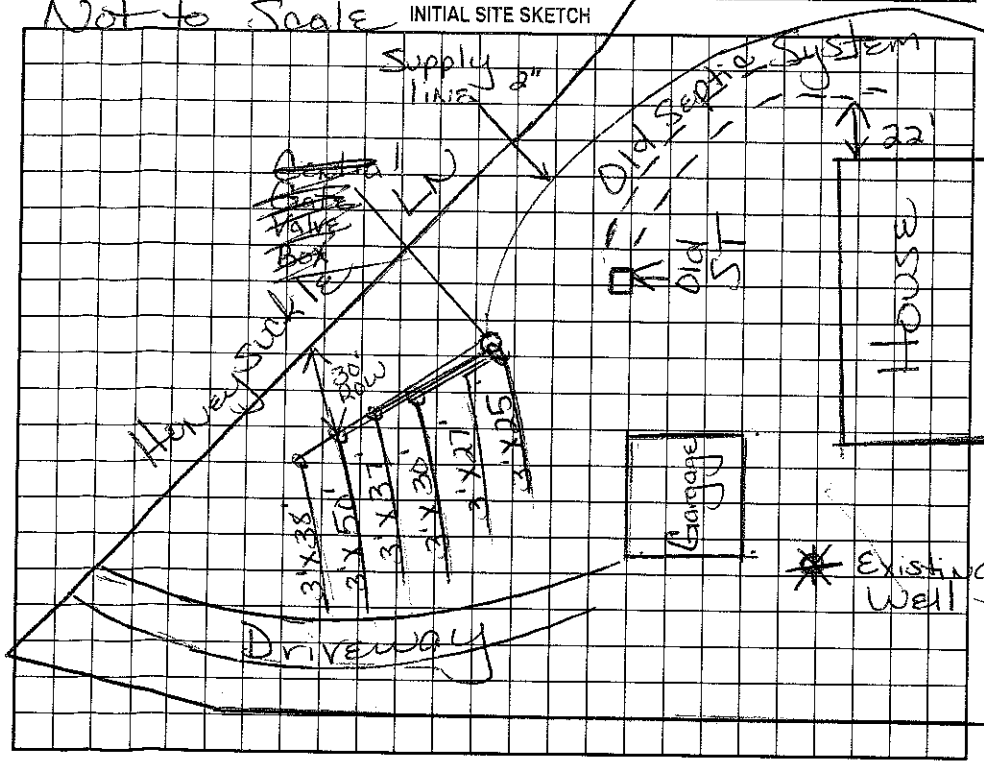
* Keep Septic System out of Row 5' from House, 50' from lake & 50' from well

Comments:/Conditions:

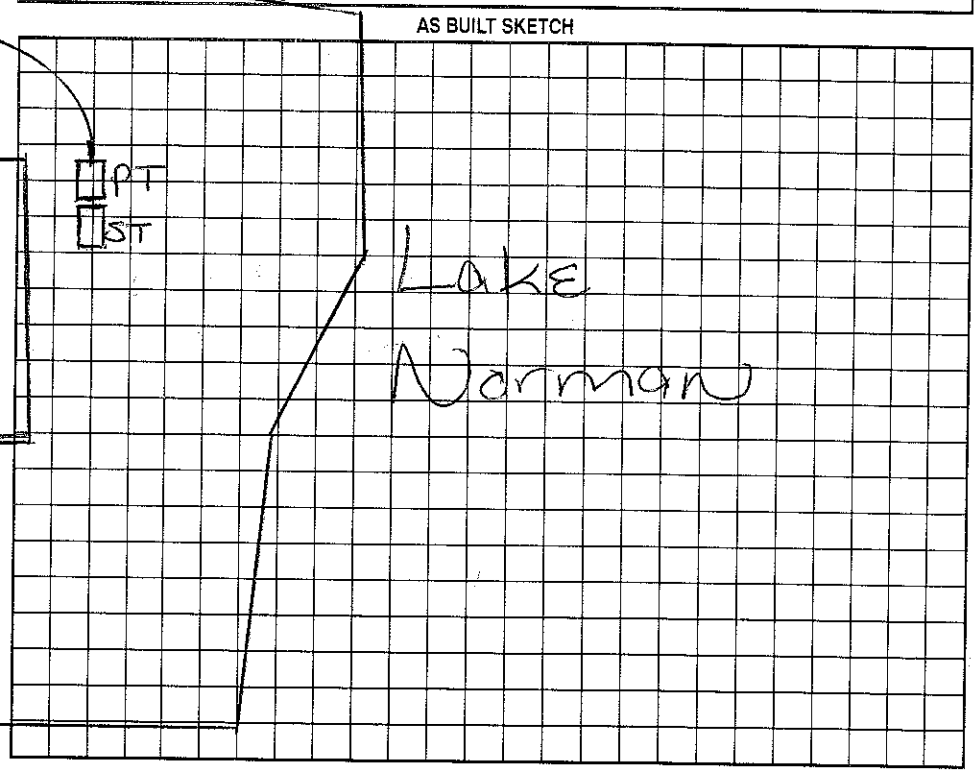
46 Panels

Not to Scale

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: John Dillon date 12/8/99

Improvement Permit by: Maria H Dotson date 12/8/99

Authorization to Construct by: Maria H Dotson date 12/8/99

Installed by: Larry Beam

Operation Permit by: Maria H Dotson RS. date 11/13/2000

Existing System Inspection by: _____ date _____

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