IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1309427 PIN# 4629535914 DATE 9-7-05

OWNER OR CONTRACTOR James McNeill PHONE: Business 704-677-2881 Home 704-322-4232

ADDRESS 159 Walmsley Dr. Mooresville NC 28117

LOCATION State park RD to Morrison Jasmer to April LN to Hawks PT Drive Lot on left SFE on Right

SUBDIVISION Hawks Bay BLOCK / SECTION ____ LOT 16, 16A LOT AREA 50,126 + 27130 SF SITE CLASS. 25 DESIGN FLOW 480 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 1000 Date 5-2-06
Pump Tank: 1000 Gallons; PT 274 Date 4-10-06
Pump Make: ____ Model 10-ET-511 Serial No. ____
Nitrification Field: No Fields ____ Square Feet 1920 Linear Feet 330
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 4 Panel Block
Repair System Description: same
Maintenance Agreement Required: ☑ Yes ☐ No

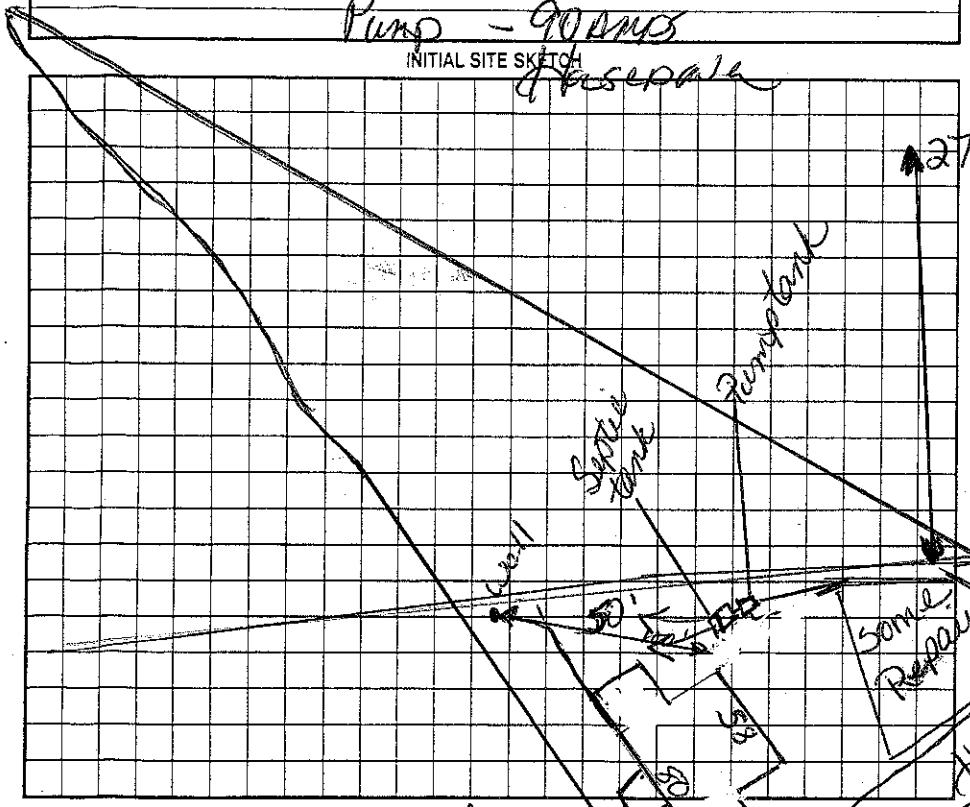
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

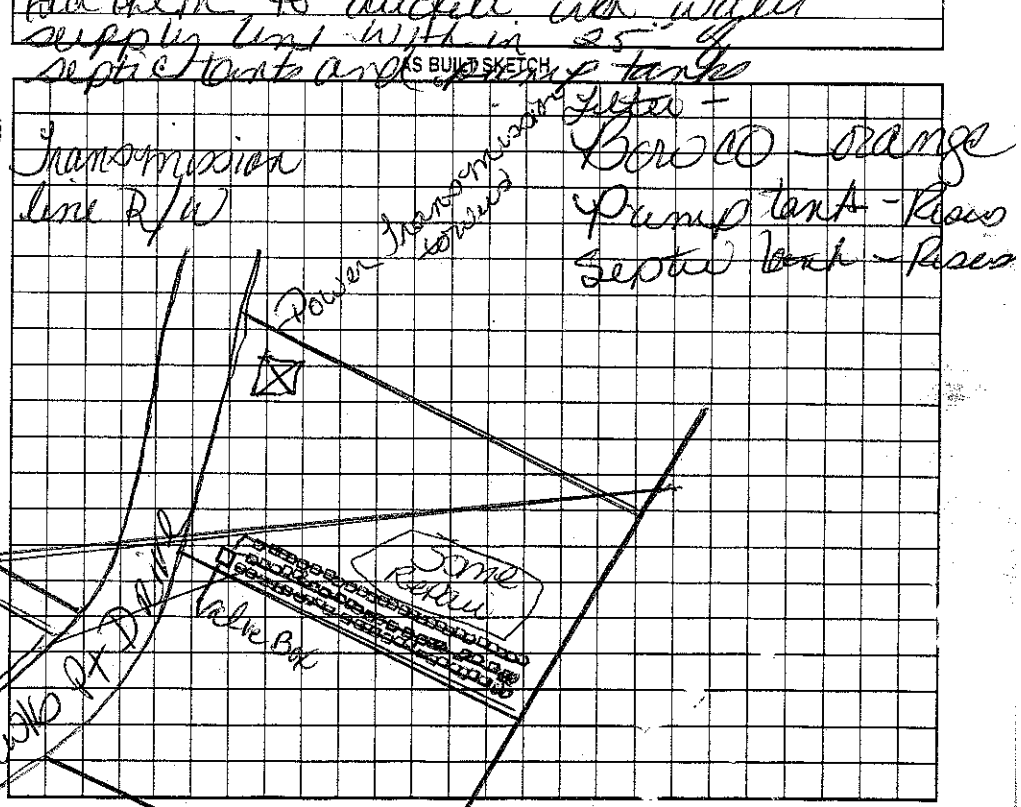
Comments:/Conditions: Maintain all set backs
Install on Contour
Pump - 90 amps
4 baseplate

Comments:/Conditions: 12-12-05 - Checked soil
Can go within 50' -
Add trex to decrease use water
supply line within 25' -
Septic tank and pump tank

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied towards ... 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: Jim Mc Neill 9/15/05 date 9/15/05 Installed by: Abernathy

Improvement Permit by: Kelly Cook date 9-13-05 Operation Permit by: Kelly Cook date 10-20-06

Authorization to Construct by: Kelly Cook date 9-13-05 Existing Syste... Inspection by: ____ date ____

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

