# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #280 MOORESVILLE 704-664-5281

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

PERMIT# 118879 PIN# 4634 69 3777 DATE 3/12/04

OWNER OR CONTRACTOR Bill Gaither PHONE: Business _____ Home 704-663-6905

ADDRESS 188 Dorsett Rd. Mooresville, NC. 28117 TEAKWOOD

LOCATION 115-215 TR Longtree Rd. TR Schooner TR ~~Schooner~~ on Oct Culdesac

SUBDIVISION Anders Lois BLOCK / SECTION _____ LOT 12 LOT AREA ~1 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140

No Lines 2 @ 70' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: Addition - Type 3

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

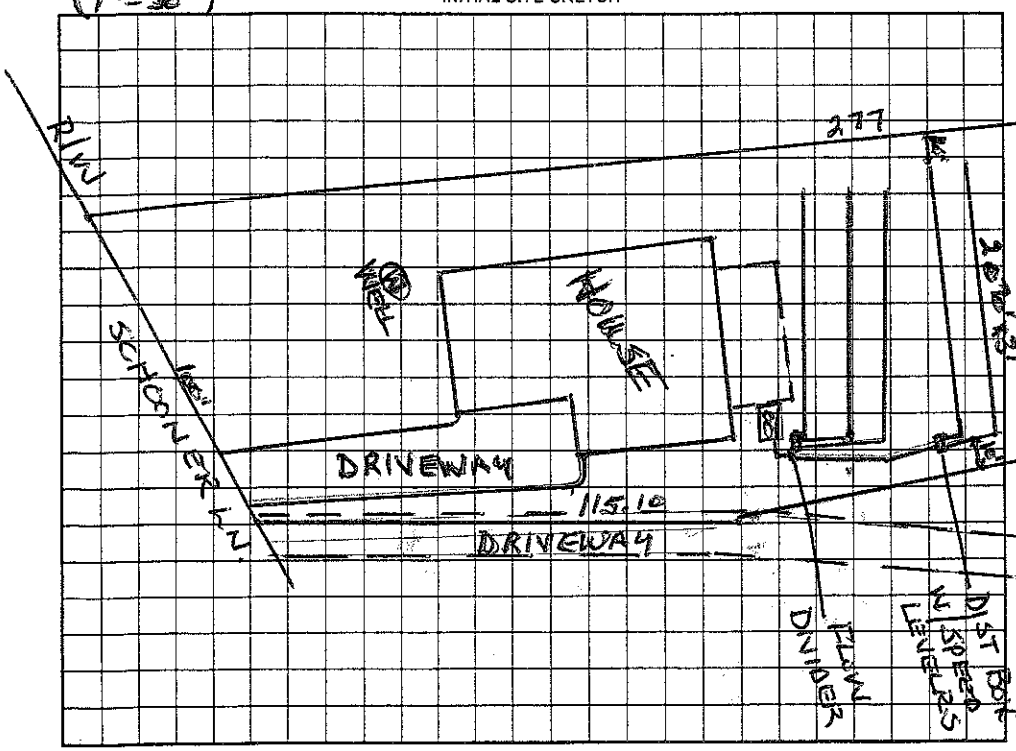
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

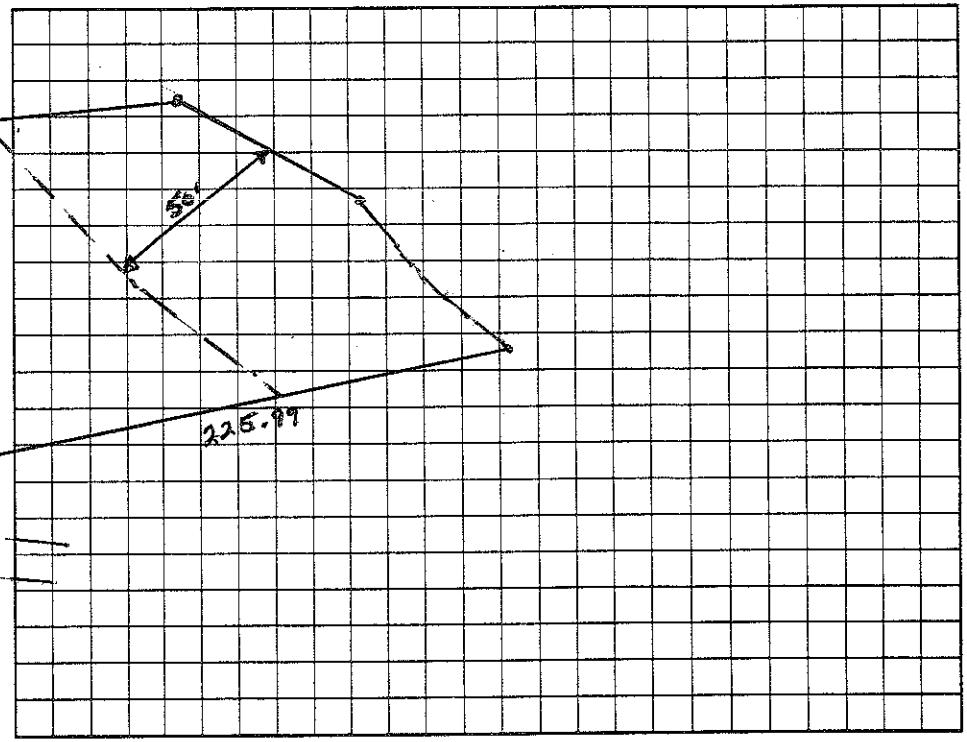
Comments:/Conditions: S/T to be uncovered and checked to ensure minimum 1000 gallon capacity. Filter needs to be added on outlet line

Comments:/Conditions:

(1"=50') 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: X _____ date 3/16/04

Improvement Permit by: Wesley Sparks R.S. date 3/12/04

Authorization to Construct by: Wesley Sparks R.S. date 3/12/04

Installed by: JOE PERKINS

Operation Permit by: Wesley Sparks R.S. date 7/23/04

Existing System Inspection by: _____ date _____

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