IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103628 PIN# 4635 14 6721 DATE 2/27/2002

OWNER OR CONTRACTOR Deborah & Heintz Little PHONE: Business _____ Home _____

ADDRESS 111 Moors End Ln Mooresville NC 28117 111 Moors End Loop

LOCATION Brawley School Rd TC Pointe Dr Queen Anne Circle Easton to Old Post TC

SUBDIVISION The Point BLOCK / SECTION A LOT 110 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3 Moors End on left

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 406'

No Lines 4 @ 100' Trench Width _____ Max ~~Trench~~ Bottom Depth _____ Gravel Depth _____

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

System Description: Existing 25% Reduction

Repair System Description: Lt Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ___

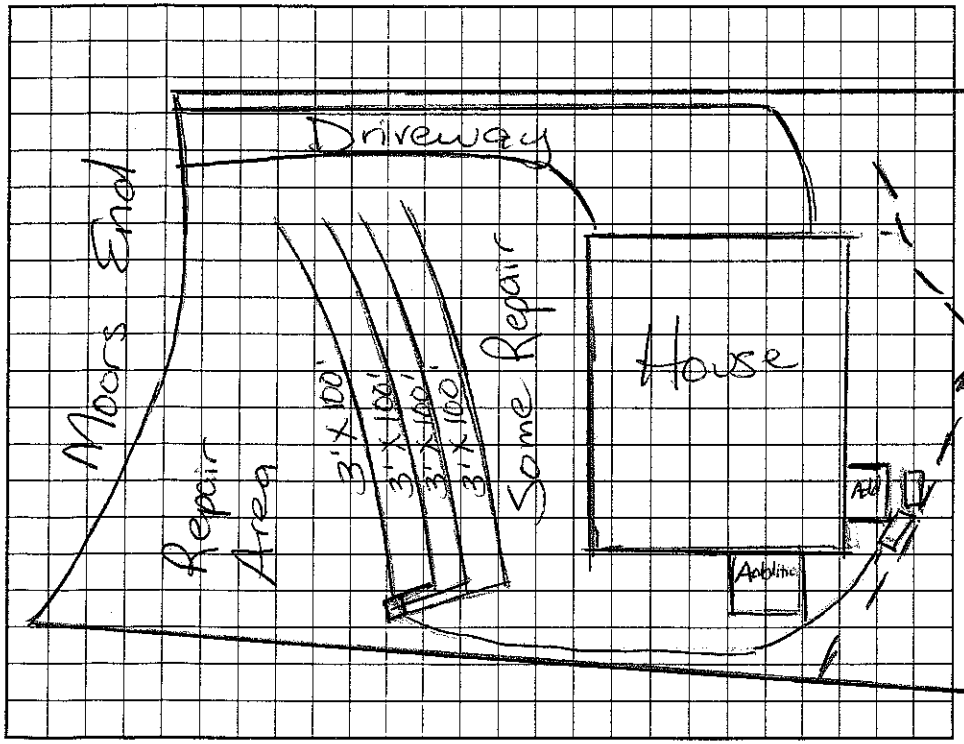
☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

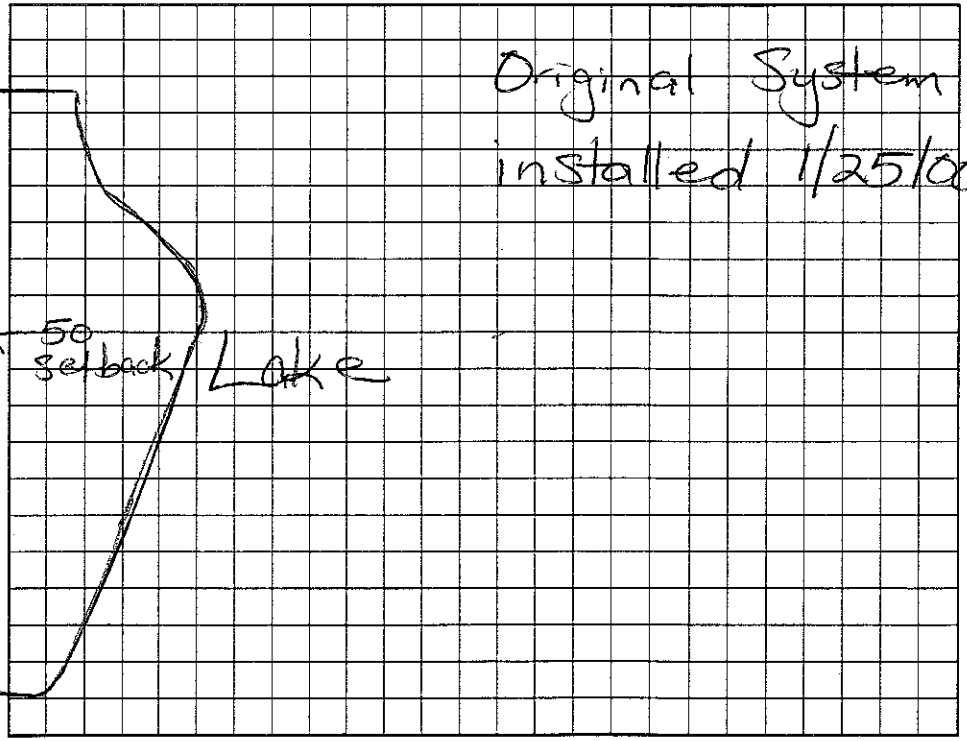
Comments:/Conditions: ~~P~~ Tank moved slightly to accomodate footers of addition. Septic tank pumped & resealed.

INITIAL SITE SKETCH



Comments:/Conditions: 2/26/2002 Verified that both tanks are at least 5' from footers of addition 2/27/2002 - Reset pressure, checked elect. alarm.

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Tank moved by Raft Inc.

Operation Permit by: Maria H. Tolson RS date 2/28/2002

Existing System Inspection by: _____ date _____

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