# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 106581 PIN# 4635 35 9322

OWNER OR CONTRACTOR Collin McArthur PHONE: Business _____ Home 664-6361 DATE 6/5/02

ADDRESS 664 Isle of Pines Rd. Mooresville, NC. 28117

LOCATION 1100 TL Isle of Pines on (R) just before cul de sac, brick wall across front yard.

SUBDIVISION Isle of Pines BLOCK / SECTION _____ LOT 17 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT 27 Date 4/24/02

Pump Make: GOULDS Model WE0 511H Serial No. 3/19/02

Nitrification Field: No Fields 1 Square Feet 570 - 810 Linear Feet 270 X

No Lines 3 @ 90' Trench Width 2-3' Max Trench Bottom Depth 3'

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

System Description: AM to 16" PPBRS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth No ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

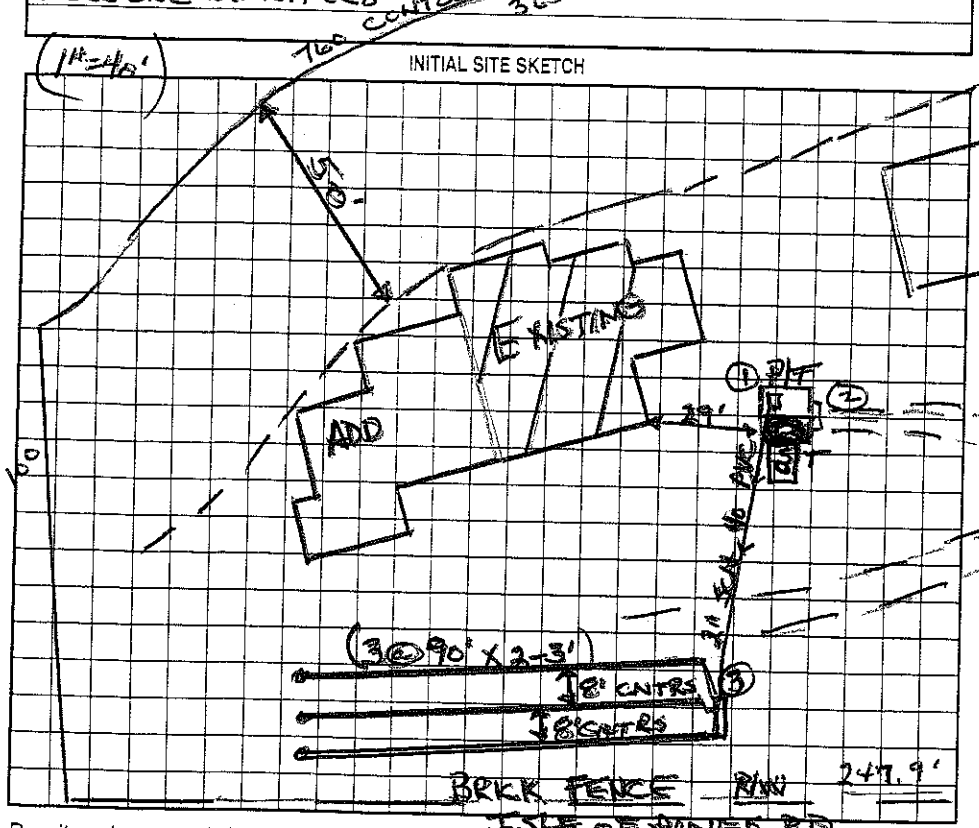
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: (1) Install 1000GAL PUMP TANK (2) DISCONNECT CURRENT DRAINFIELD (3) Install 16" PPBRS and PRESSURE MANIFOLD CONTOURS 365'

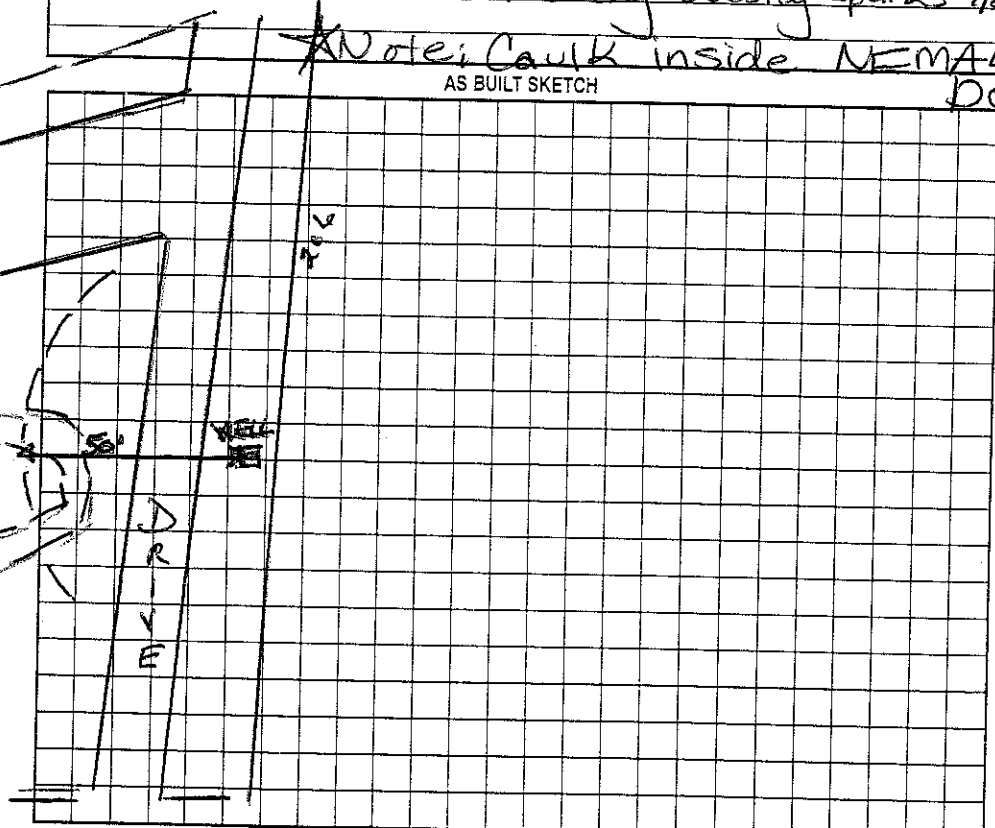
Comments/Conditions: X Pump tank & new drainlines & pres. checked by Wesley Sparks 7/26/02

X Note: Caulk inside NEMA 4X box

INITIAL SITE SKETCH (1" = 40')




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 ABS BY _____ date 6-06-02 Installed by: FJ Erwin

Improvement Permit by: Wesley Sparks R.S. date 6/5/02 Operation Permit by: Maria H. Dotson RS date 12/11/02

Authorization to Construct by: Wesley Sparks R.S. date 6/5/02 Existing System Inspection by: _____ date _____

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