# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091641 PIN# 4635 38 2610 DATE 9/20/00

OWNER OR CONTRACTOR Rodney Baucom PHONE: Business _____ Home 464-2856

ADDRESS 112 Castleton Dr. Mooresville, NC. 28117

LOCATION 1100 Tuckaseigee Pines, Approx 1 mile on (L)

SUBDIVISION Pinewood BLOCK / SECTION _____ LOT 8 LOT AREA 1.00 SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 3/19/01
Pump Tank: 1500 Gallons; PT 338 Date 7/11/99
Pump Make: Zoeller Model N152-4 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1020 Linear Feet 340
No Lines 4@85' Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

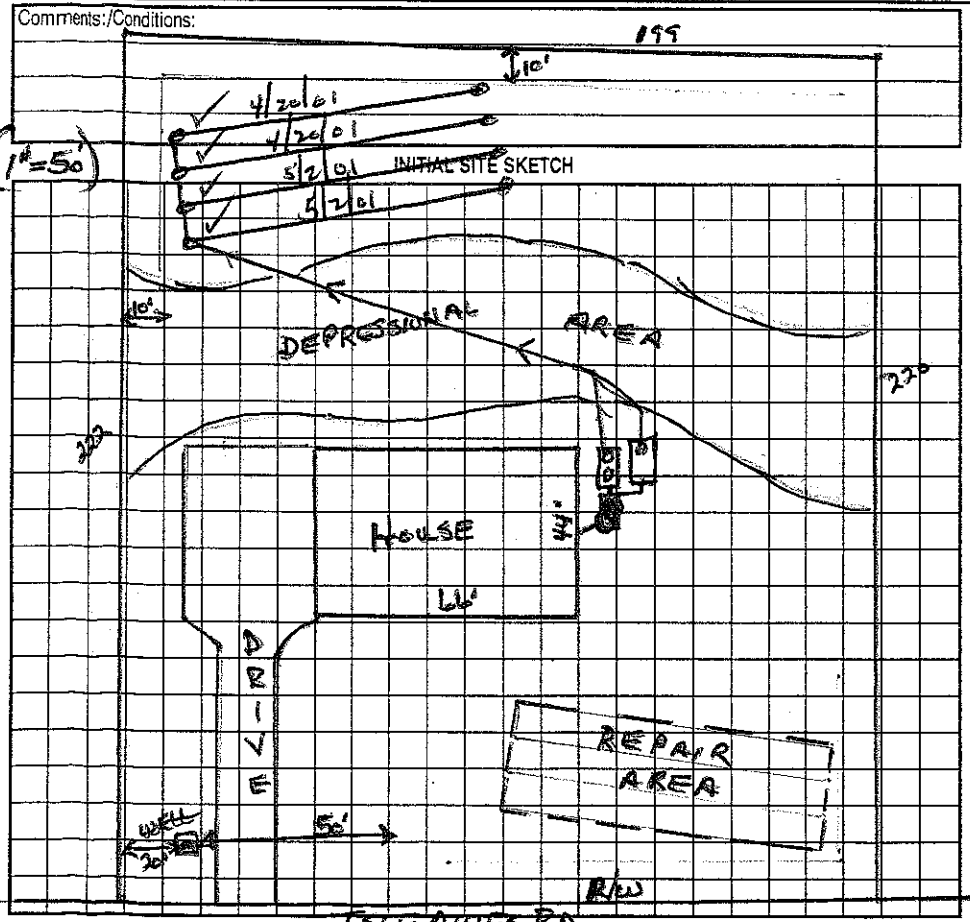
[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: 16" PP BS - LPP Distribution
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

INITIAL SITE SKETCH




Comments:/Conditions:

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: Kelly J. Baucom date 9-11-00 Installed by: Charles Beachy

Improvement Permit by: Wesley Sparks R.S. date 9/20/00 Operation Permit by: [illegible] R.S.I. date 5/15/01

Authorization to Construct by: Wesley Sparks R.S. date 9/20/00 Existing System Inspection by: _____ date _____

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