IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118338 PIN# 4635-50-5218 DATE 2/12/04

OWNER OR CONTRACTOR Tom + Deborah Warren PHONE: Business ______ Home 704-737-1477

ADDRESS 175 Schooner Rd Mooresville NC 28117

LOCATION Langtree, TR Schooner, Thru Cul-de-sac on Lt.

SUBDIVISION Sailors Lair BLOCK / SECTION ______ LOT 23 LOT AREA 0.596 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. ______

Septic Tank: Existing Gallons; STB ______ Date ______
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet ______ Linear Feet ______
No Lines ______ Trench Width EXISTING Max Trench Bottom Depth ______ Gravel Depth ______

☐ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Existing Conv. Beds
Repair System Description: ______
Maintenance Agreement Required: ☐ Yes ☐ No

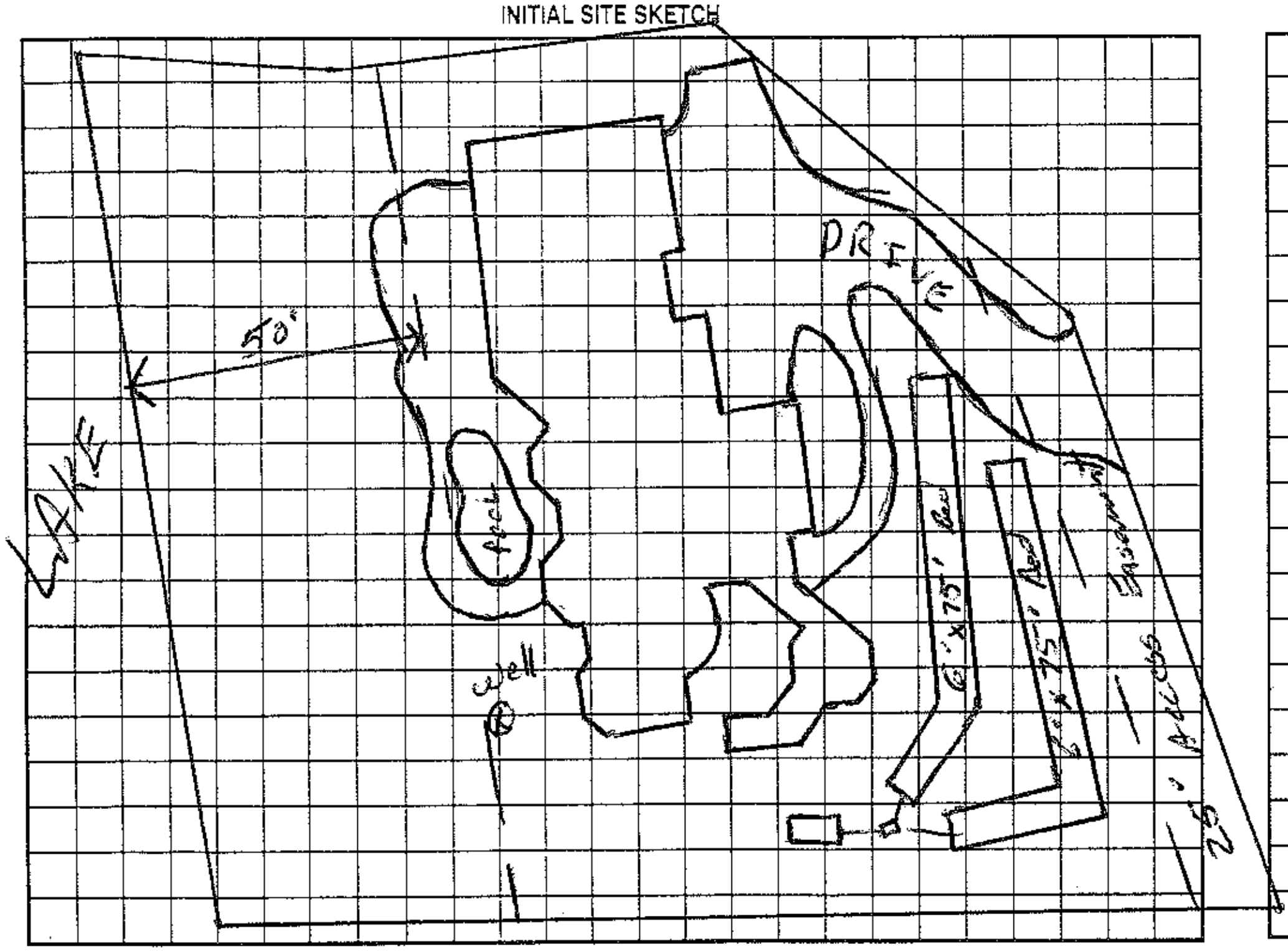
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 6½
☐ Business No. Employees ______
☐ Other ______
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
1" = 40'

Comments:/Conditions:
Existing beds are Deep
Original Permit – Wayne Ellis 1978

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: Tony [signature] date 2-12-04
Improvement Permit by: [signature] RS date 2/12/04
Authorization to Construct by: [signature] RS date 2/12/04

Installed by: ______
Operation Permit by: ______ date ______
Existing System Inspection by: [signature] RS date 2/12/04

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