2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4636-10-2565

OWNER OR APPLICANT Steve Pettit DATE 8/31/06

ADDRESS 130 Wynward Ln Mooresville NC 28117 PHONE: Business _____ Home 704 365-6489

LOCATION Isle of Pines TR Cove Creek TL Wynsweept, TL Wynward, 2nd on Lt

SUBDIVISION North Shore BLOCK / SECTION II LOT 8 LOT AREA 0.644C SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB IW-1050 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet Exist

No Lines _____ Trench Width Exist Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: New Tank

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☐ Public ☒ Community

☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

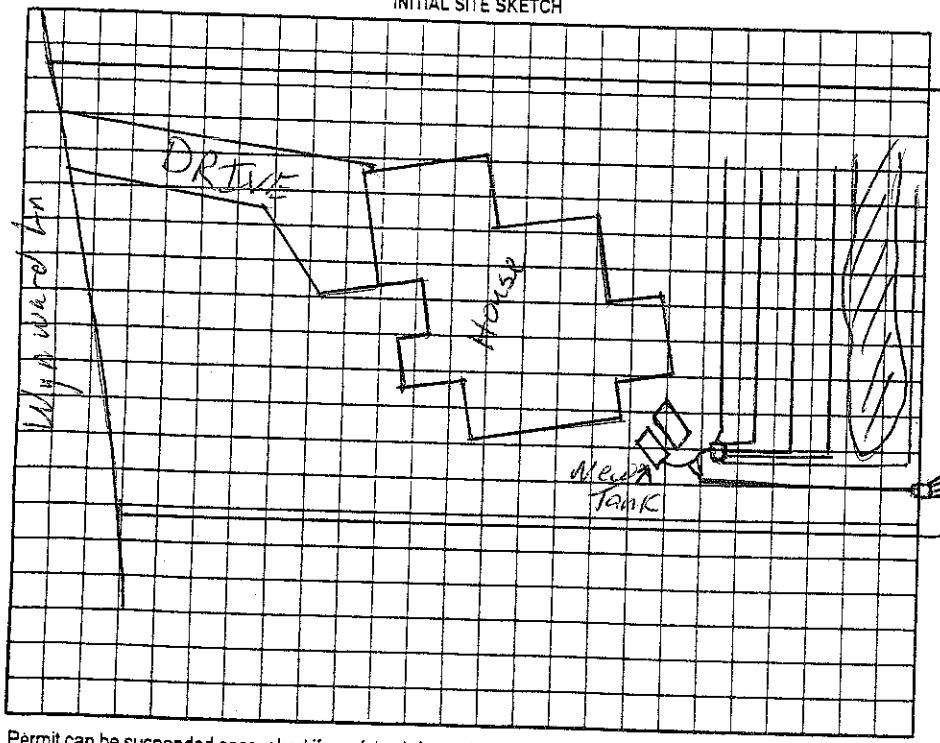
Comments:/Conditions:

INFILTRATOR IW-1050 TANK INSTALLED
NEW D-BOX INSTALLED.

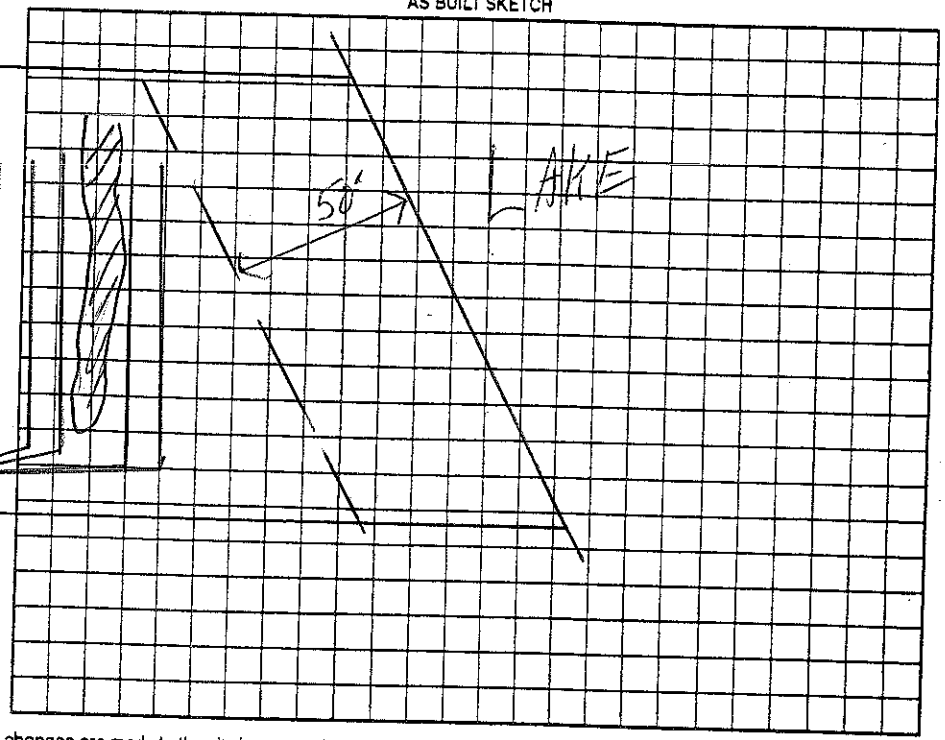
Comments:/Conditions:

Existing Plastic Chamber System

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: _____

Improvement Permit by: _____ RS date 8/31/06

Authorization to Construct by: _____ PS date 8/31/06

Installed by: STANLEY

Operation Permit by: _____ RS date 9-24-09

Existing System Inspection by: _____ date _____

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