IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121042 PIN# 4636 42 6589 DATE 6/15/04

OWNER OR CONTRACTOR Amy Leonard PHONE: Business 704-634-8604 Home

ADDRESS 142 Oasis Ln. Mooresville, NC 28117

LOCATION 1100 Ft Stutts Rd TR Poinsettia Ln TL Oasis Ln., #142 on R

SUBDIVISION Stutts Cove BLOCK / SECTION 2 LOT 26 LOT AREA .69A SITE CLASS. PS DESIGN FLOW 430 L.T.A.R. N/A

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet EXISTING Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: Relocate S/T and P/T

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

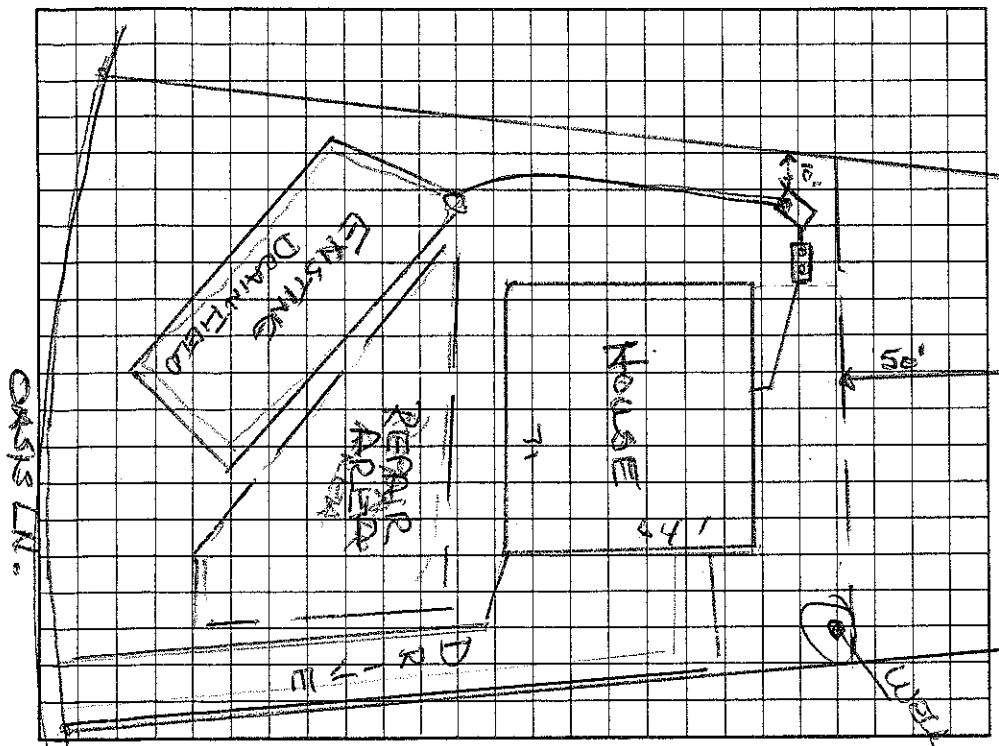
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

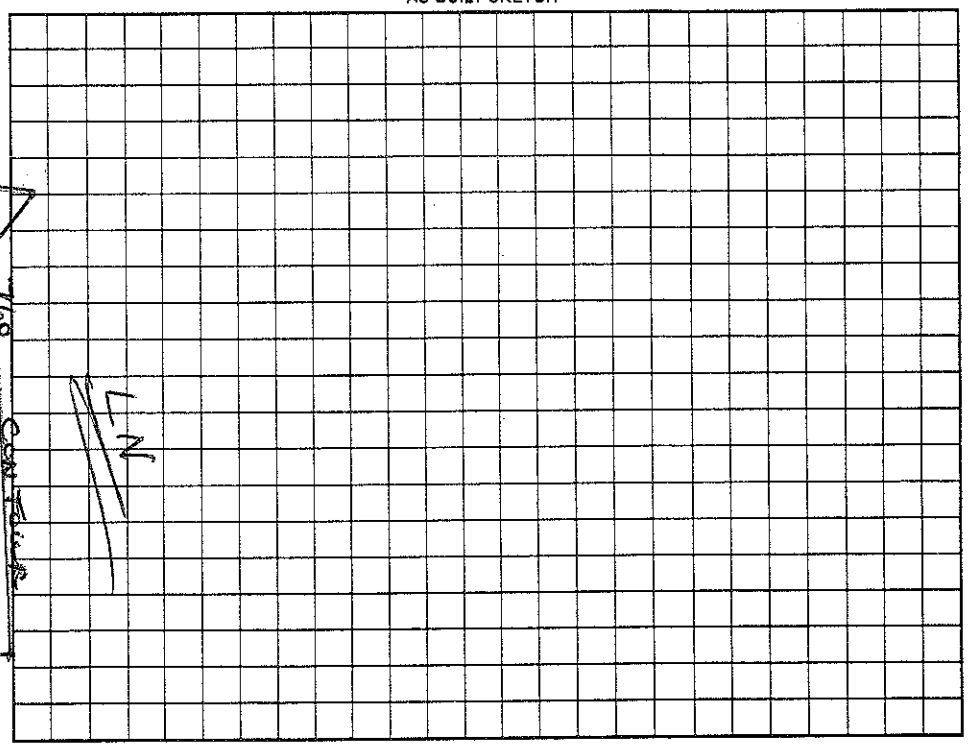
Comments/Conditions: Remove old S/T and Pump Tank from present location. Reinstall as shown. Reconnect to drainfield. Pressure may be reset on drainfield and supply line tested. Maintenance Contract required

Comments/Conditions:

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: X date

Improvement Permit by: Wesley Sparks RS. date 6/15/04

Authorization to Construct by: Wesley Sparks RS. date 6/15/04

Installed by: F J Ervin

Operation Permit by: Wesley Sparks RS date 7/9/04

Existing System Inspection by: date

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