IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid 2.00 MOORESVILLE 704-664-5281

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

PERMIT# 108577 PIN# 4636505294 DATE 9-9-2002

OWNER OR CONTRACTOR Vicki Bovaird PHONE: Business 662-8655 Home 799-9594

ADDRESS 113 Marina Ln. Mooresville NC 28117

LOCATION Brawley School Rd TL Stutts Rd on corner of Baywatch & Stutts

SUBDIVISION Marina Village BLOCK / SECTION ____ LOT 53 LOT AREA .453 Acre SITE CLASS. 5 DESIGN FLOW 240gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 625 Date 11/20/02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 612' Linear Feet 204'

No Lines 6 @ 34' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity-25% Reduction

Repair System Description: Pump-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

X House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

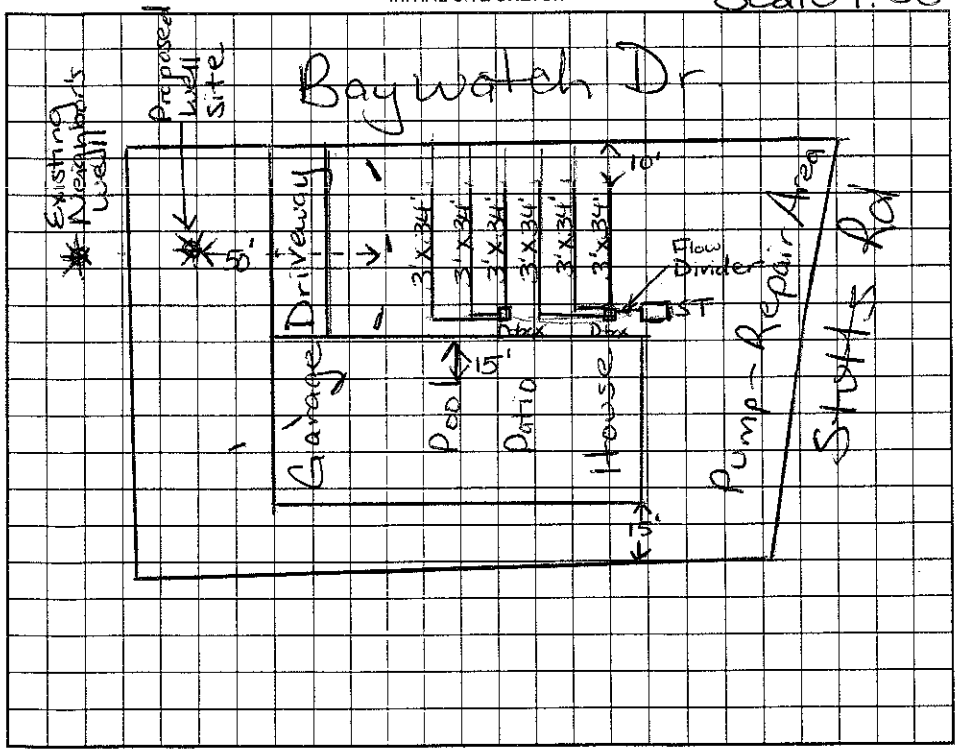
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

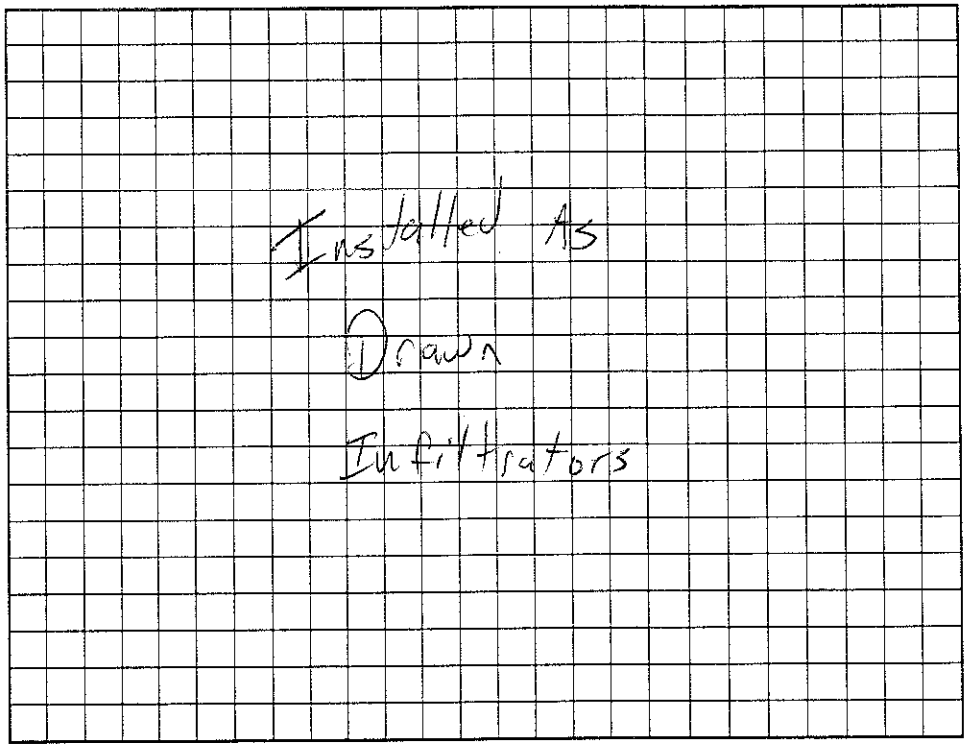
Comments:/Conditions: Keep Septic system at least 10' From PL & 50' from any well. Keep drainfield at least 15' from pool. Keep well 25' from house.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



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: Vicki Bovaird date 9/9/02 Installed by: Rowan Septic

Improvement Permit by: RS date 9/9/2002 Operation Permit by: RS date 1/10/02

Authorization to Construct by: RS date 9/9/2002 Existing System Inspection by: ____ date ____

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