IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078708 PIN# 4636-57-5022 DATE 3/27/00

OWNER OR CONTRACTOR Ray Short PHONE: Business _____ Home _____

ADDRESS West Pines Rd. Mooresville, NC 28117

LOCATION 1100, TL Cool Breeze Ln. TR Overlook Ct. 2nd lot on R

SUBDIVISION Pond Lane BLOCK / SECTION 6 LOT 11 LOT AREA 1.53 AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5/5/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 ± Linear Feet 300 ±
No Lines 4 @ 75' x 3' 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: Diversity - HAS on Ch Plastic
Repair System Description: Pressure - Type 3
Maintenance Agreement Required: [ ] Yes [X] No

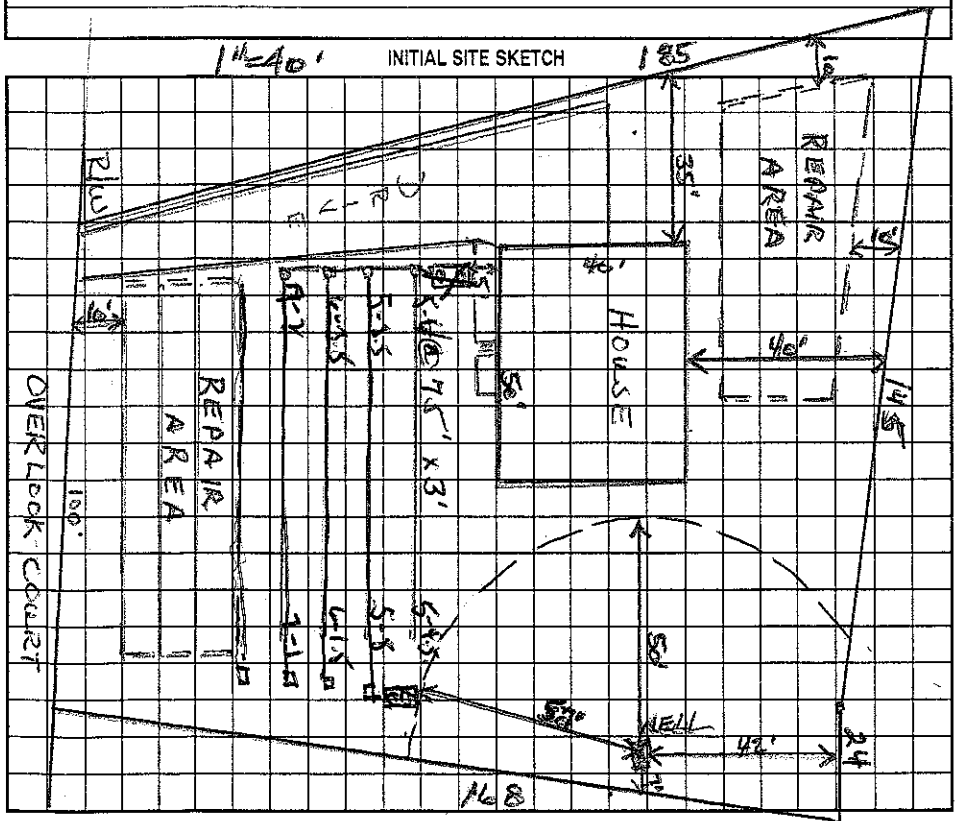
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

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 Ray Short date 4/3/00 Installed by: Wayne Clontz.

Improvement Permit by: Wesley Sparks RS. date 3/27/00 Operation Permit by: Wesley Sparks RS. date 8/15/00

Authorization to Construct by: Wesley Sparks RS date 3/27/00 Existing System Inspection by: _____ date _____

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