IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $250.00 MOORESVILLE 704-664-5281 1:30

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

PERMIT# 090937 PIN# 4637 06 0164

OWNER OR CONTRACTOR Richard E Young DATE 8/14/00

ADDRESS 113 Molly Rex Ln. Mooresville NC. PHONE: Business _____ Home 663-0964

LOCATION 150 W TL Quiet Cove (R) Ridgetop (R) Green Bay (L) Molly Rex, 1st house on (L)

SUBDIVISION C R I BLOCK / SECTION 10 LOT 100 LOT AREA .93 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT 302 Date 7/21/00

Pump Make: ZOELLER Model N-137-6 Serial No. 0700

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4 (E) 70' Trench Width 12' Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: PM → Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 5

[ ] Mobile Home No. Bathrooms 3½

[ ] Business No. Employees ____

[ ] Other ____

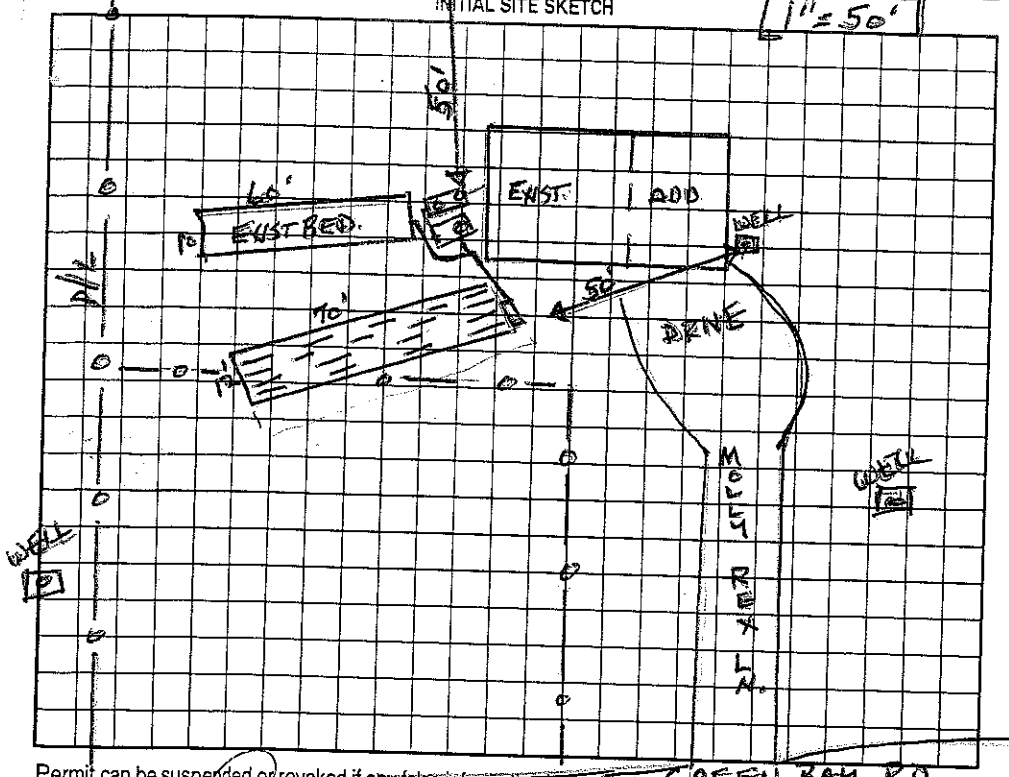
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: ~~5-9-50~~ Adding 2 Bedrooms and bath to home.

Comments/Conditions: Drainfield Check 9/22/2000 MP
Need Dist & pressure checked

INITIAL SITE SKETCH 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: [signature] date 8/15/00

Improvement Permit by: Wesley Sparks R.S. date 8/14/00

Authorization to Construct by: Wesley Sparks R.S. date 8/14/00

Installed by: Wayne County.

Operation Permit by: Wesley Sparks R.S. date 9/26/00

Existing System Inspection by: _____ date _____

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