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# 4637270020 DATE 3/17/04

OWNER OR CONTRACTOR Steve + Sandy Holcomb PHONE: Business _____ Home 704-737-5292

ADDRESS 252 McCrary Rd / Mooresville NC 28117

LOCATION 150 W, TL McCrary Rd on Rt #252

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300± Linear Feet 100 ±

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Add Gravity ~~Innovative~~

Repair System Description: Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

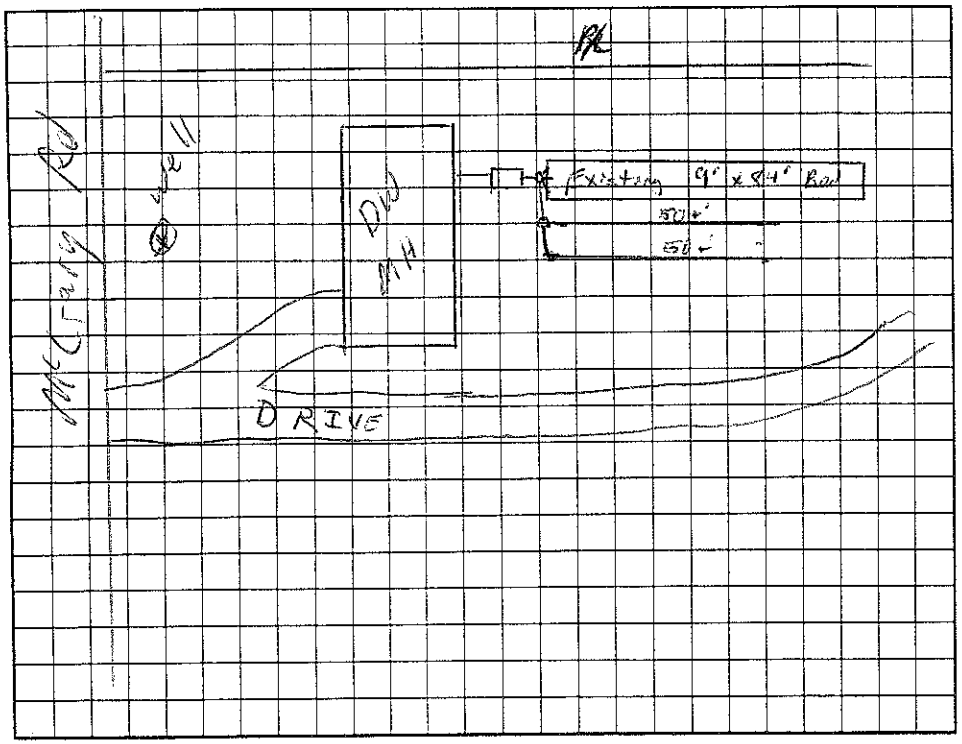
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

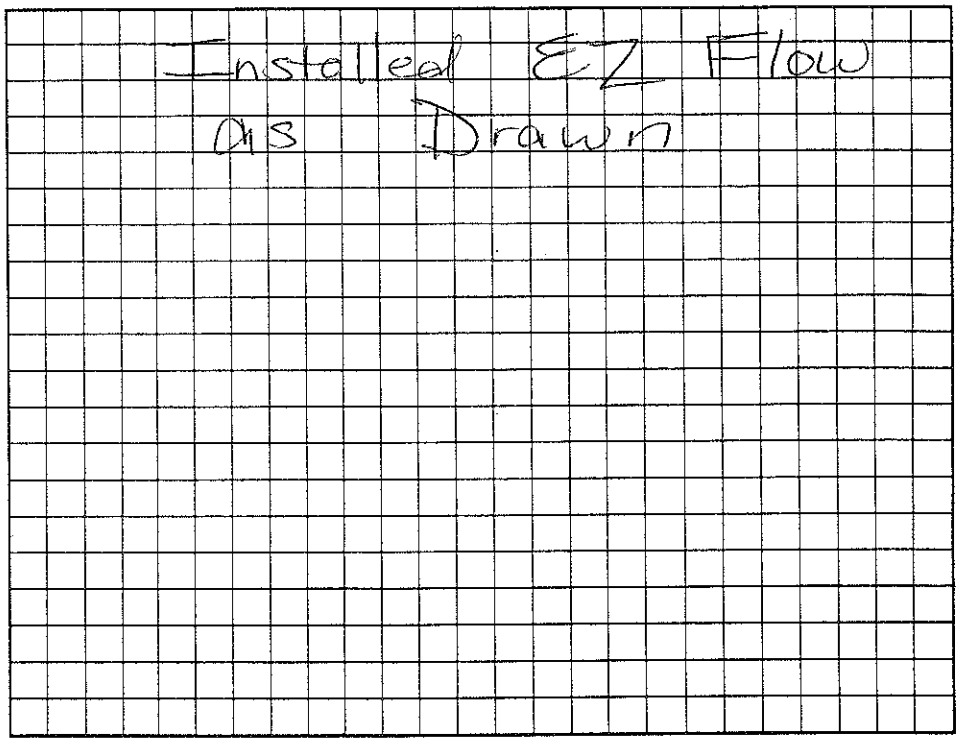
Original Permit - Thomas Crisp 1980 (Attached)

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: _____ date _____

Improvement Permit by: [signature] R.S. date 3/17/04

Authorization to Construct by: [signature] R.S. date 3/17/04

Installed by: R & H R.S.

Operation Permit by: [signature] date 3/26/04

Existing System Inspection by: _____ date _____

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