Site Address: 278 Doolie Rd - Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 11/13/99

PERMIT# 078593 PIN# 4637551698

OWNER OR CONTRACTOR Shannon Miller PHONE: Business 309-2000 Home 663-7528

ADDRESS 267 Crystal Circle Mooresville NC 28115

LOCATION 150 w TO Doolie Rd TR Whippoorwill on Corner

SUBDIVISION CLET BLOCK / SECTION 10 LOT 1167 LOT AREA ~2Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB 312 Date 1-20-99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 6at67' Trench Width 36" Max Trench Bottom Depth Existing

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

System Description: Gravity - Conventional

Repair System Description: Pump - Modified

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

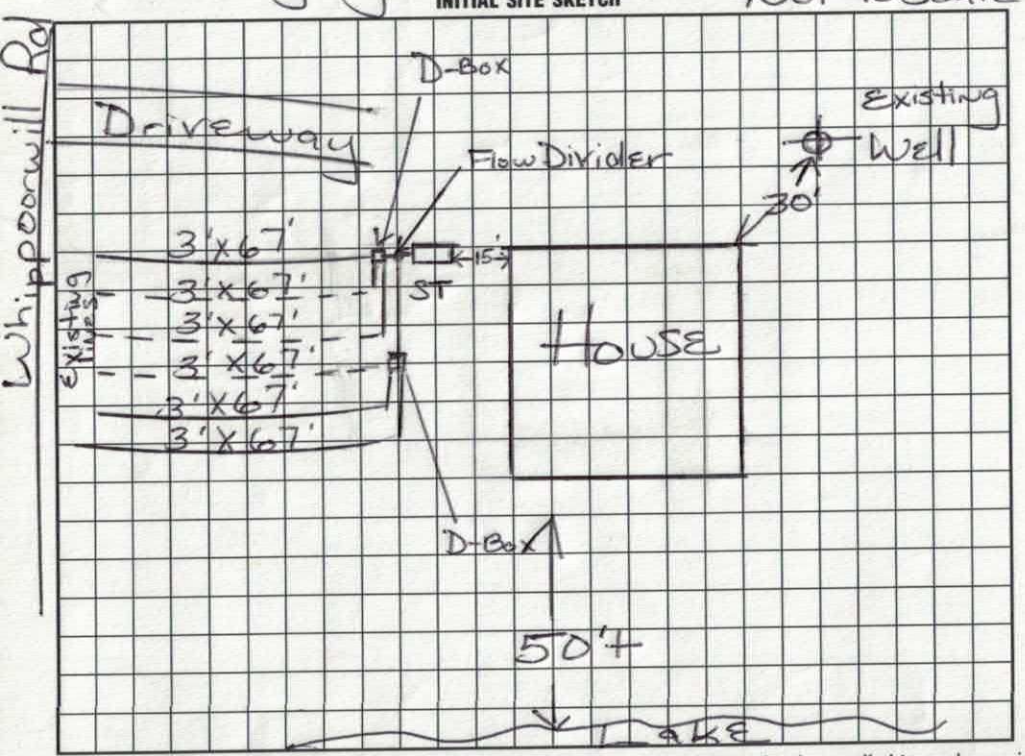
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: - - - = Existing Drainline. Upgrade System From 3 Bedrooms to 4 Bedrooms. Add 3 lines at 67' ea to Existing System & New Septic Tank

Comments/Conditions: Owner ↑ wants to use Grinder pump For Basement plumbing + Installer may use Drop Boxes instead of Distribution box. Original System Installed 11/8

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH

Filter & riser installed. MO

I understand that this 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 11/13/99

Improvement Permit by: Maria H. Dotson date 11/13/99

Authorization to Construct by: Maria H. Dotson date 11/13/99

Installed by: Orbison

Operation Permit by: Maria H. Dotson date RS 8/12/99

Existing System Inspection by: ____ date ____

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Laura Parker DATE 11/24/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TL Dodie Rd. TR Whippoorwill Lt lot on left S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 1167 SECTION OR BLOCK NO. _____

Future Temp

House (✓) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

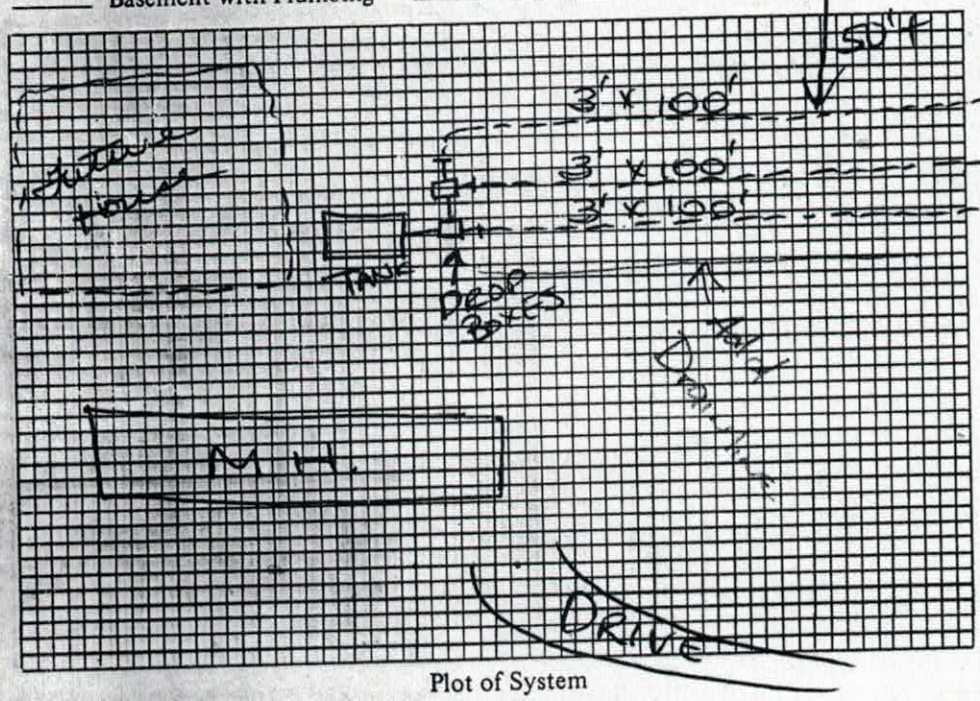
Garbage Disposal Unit	Yes (✓)	No ( )
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area ~2 ACRE

Character & Porosity of Soil Clay
Percolation Rate ~4 gpd/ft²
Topography 10 - 25%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Drainageway

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Gilleland

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRH, RS

COMMENTS: See file for comments (KKS)

CERTIFICATE OF COMPLETION BY Kenneth Gilleland DATE 11/24/

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 078593 Zoning Permit: X Improvements Permit: 2

Name: MILLER SHANNON Address: 267 CRYATAL CR

City: MOORESVILLE State: NC Zip: 281150000

Phone: 7046637528

Proposed Use: 01

PIN #: 4637551698 Zoning: RR Township: 1700

Street Address: WHIPPOORWILL RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size: 2.62

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 30000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: 150W,TL DOOLEY,TR WHIPPOORWILL,ON CORNER

Staff: RAM Date: 12/17/98

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent: