IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 069306 PIN# 4638 06 1634 ← (Not in computer) DATE 1/14/99

OWNER OR CONTRACTOR Adelaide Horton PHONE: Business _____ Home No

ADDRESS 1311 Fern Hill Rd. Mooresville, NC. 28115

LOCATION Fern Hill Rd. - Perth Rd N to Fern Hill Rd., to # 1311 on (L)

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA 2.7 Ac SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4/5/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200'
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV CH PLASTIC
Repair System Description: PRESSURE PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

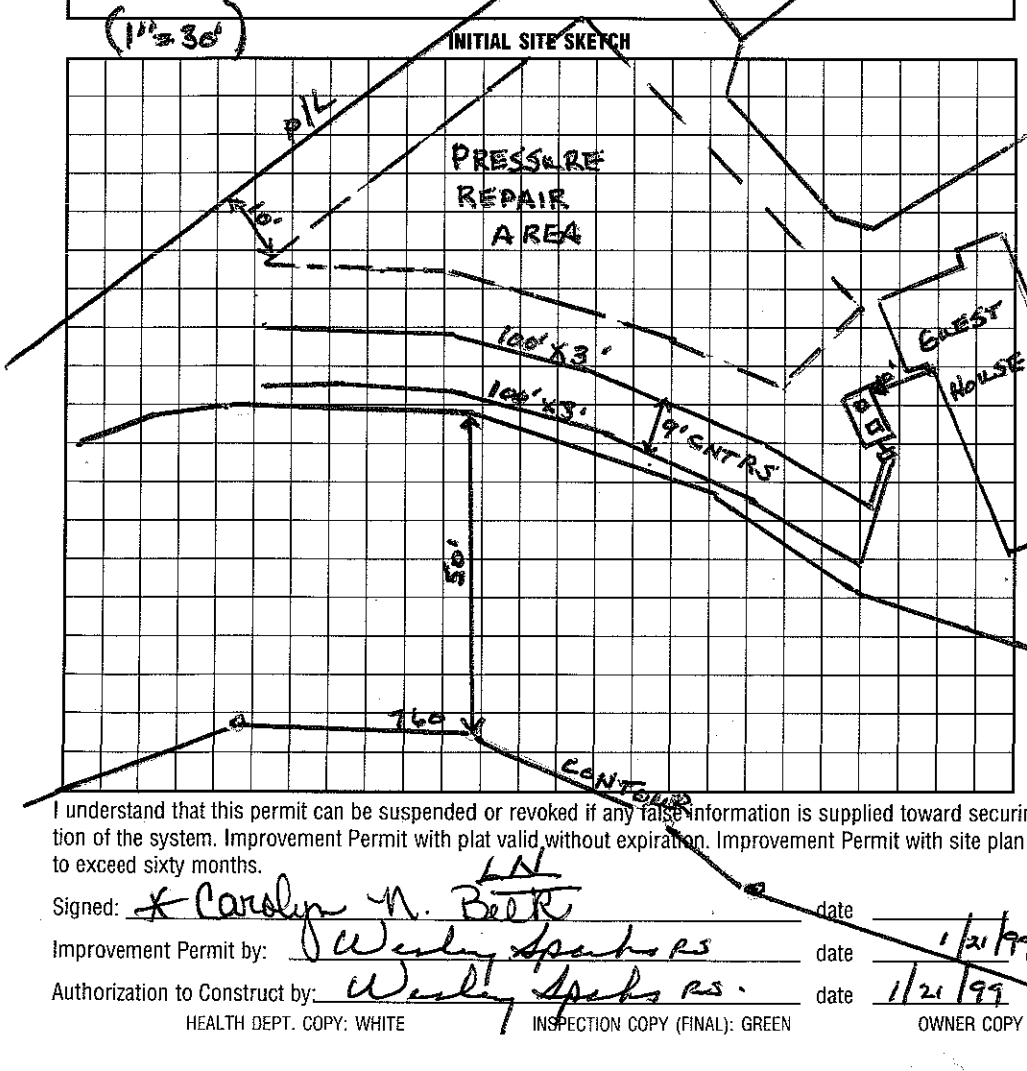
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

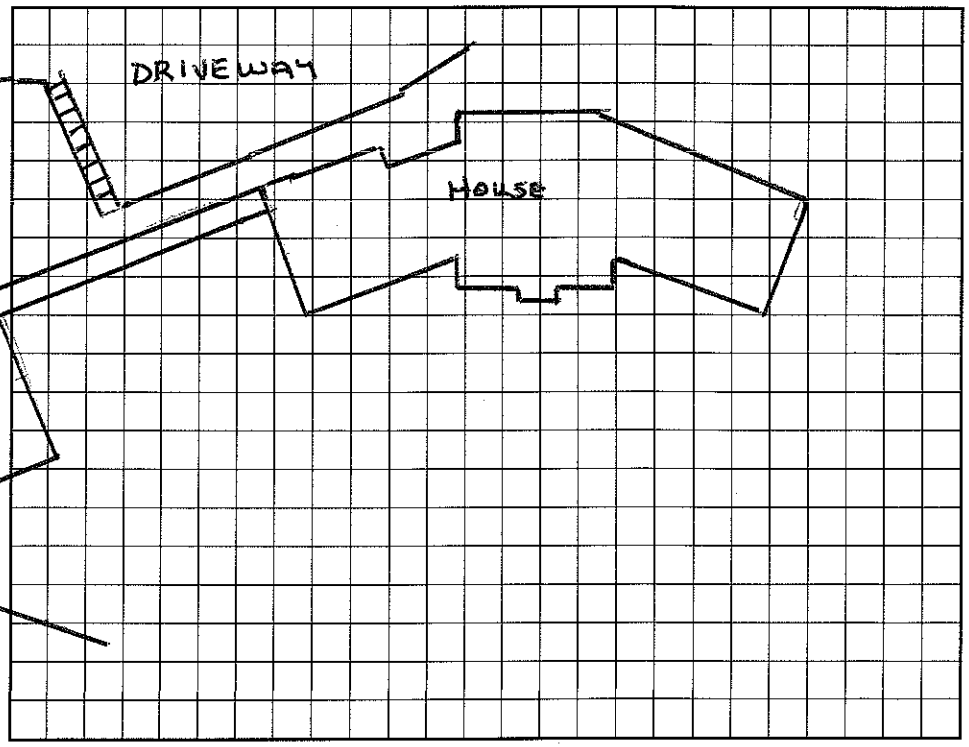
Comments:/Conditions:

(1" = 30')

INITIAL SITE SKETCH



AS BUILT SKETCH



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: * Carolyn M. Beal LN date _____ Installed by: CURT DUNNING RSI

Improvement Permit by: Wesley Sparks RS date 1/21/99 Operation Permit by: _____ date 5/16/00

Authorization to Construct by: Wesley Sparks RS. date 1/21/99 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