IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111399 PIN# 4638 14 4038 DATE 3/19/03

OWNER OR CONTRACTOR Haws Builders/Steve Hager PHONE: Business 622-5573 Erie Home (704) 483-2144

ADDRESS ~~3[illegible]~~ 415 Robinson Rd. Mooresville, NC 28117

LOCATION Hwy 150 West TR Robinson Rd on left 415 Robinson

SUBDIVISION CLET BLOCK / SECTION 11 LOT 181 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Existing

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet _____

No Lines Bed 10x56 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

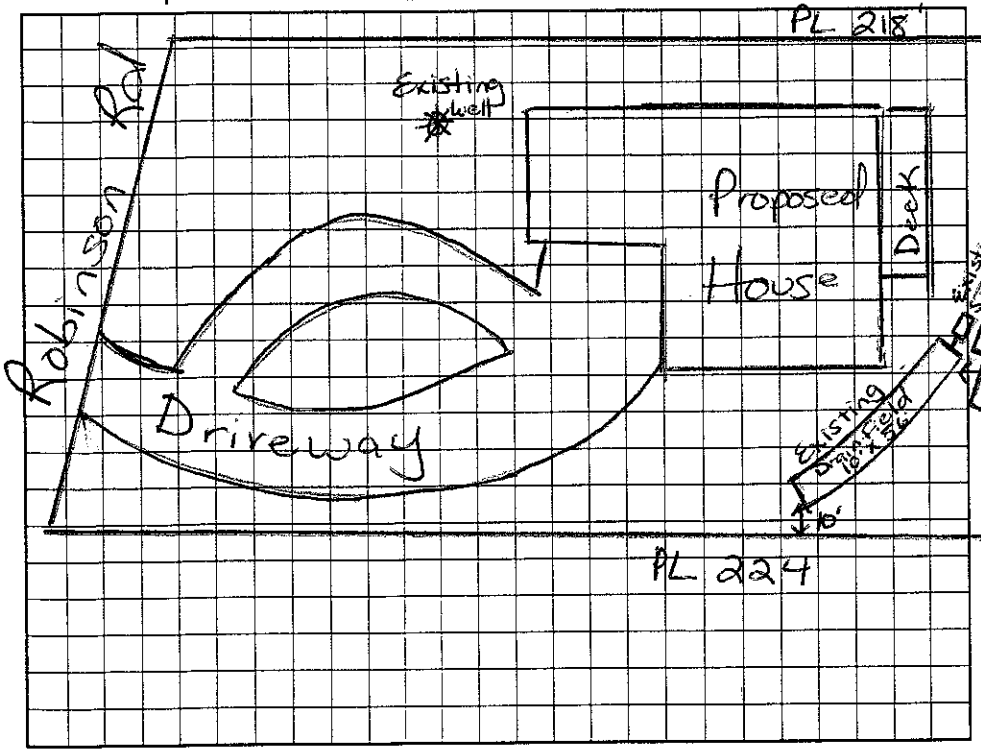
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

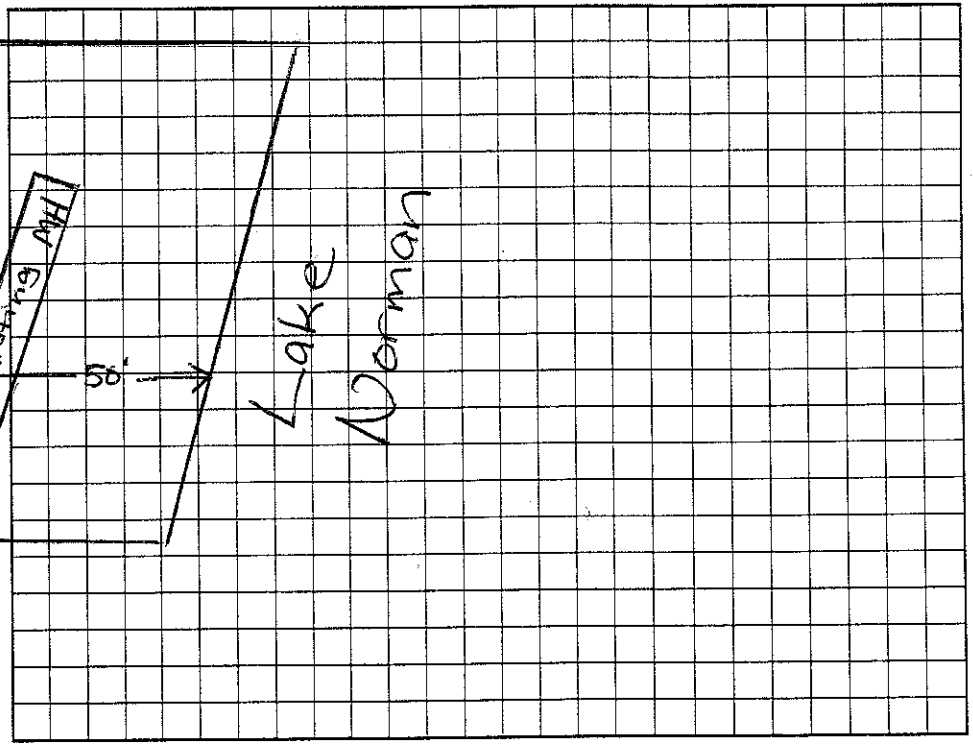
Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problems noticed. Drain lines are buried deep

Comments/Conditions: Note: Must keep new house at least 5' from Septic System.

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 3/27/03 Installed by: _____

Improvement Permit by: Maina H. Dotson R.S. date 3/19/03 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maina H. Dotson R.S. date 3/19/03

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