704-876-0339
FAX

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-[illegible]5305 MOORESVILLE 704-664-5281

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

PERMIT# 110573 PIN# 4638 23 9351 DATE 2/19/07

OWNER OR APPLICANT Chad Borden PHONE: Business _____ Home _____

ADDRESS 684 Normandy Rd. Mooresville

LOCATION 693 Normandy Rd.

SUBDIVISION Normandy Hill BLOCK / SECTION _____ LOT 2 LOT AREA ~1.63 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-07
Pump Tank: 1000 Gallons; PT 19 Date 4-18-07
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM → 25% Reduction
Repair System Description: LP - 16" PPBAS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☐ Community

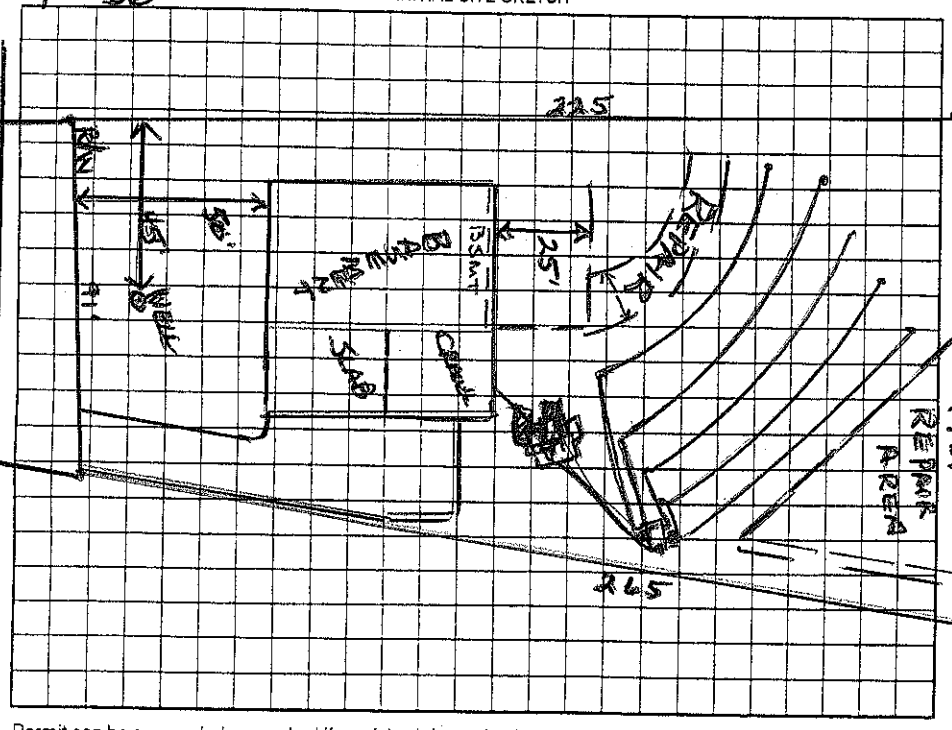
☐ Gravity ☐ Pressure ☒ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
(1) PM IN POSITION SHOWN HERE
(2) NO SWIMMING POOL ON THIS LOT

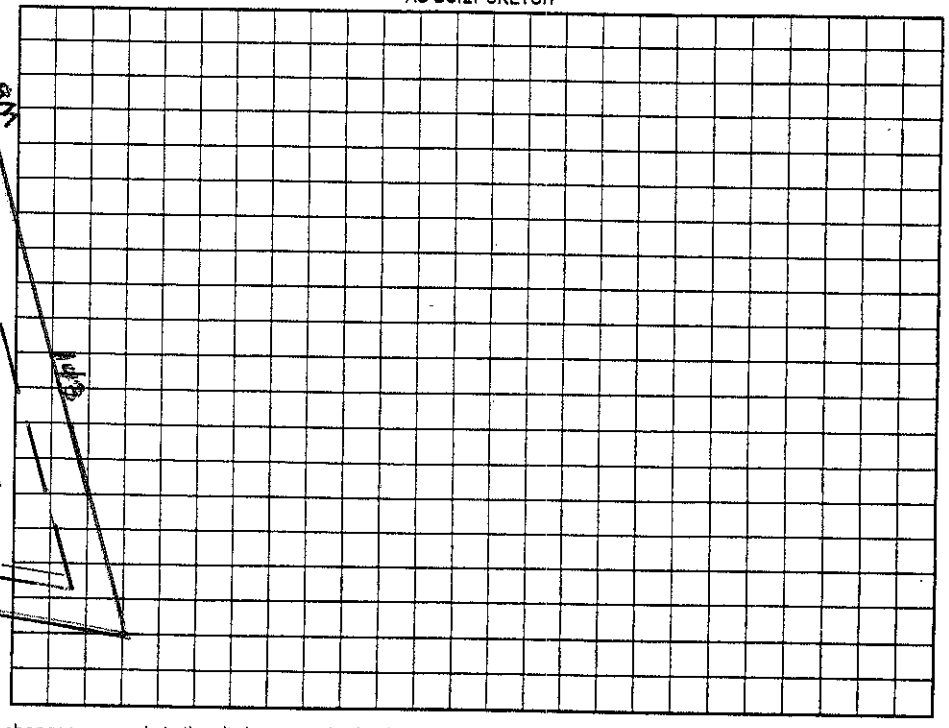
Comments:/Conditions:

1" = 50'

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: Chad Borden date 2/21/07
Improvement Permit by: Wesley Sparks R.S. date 2/19/07
Authorization to Construct by: Wesley Sparks R.S. date 2/19/07

Installed by: C+S Grading
Operation Permit by: Wesley Sparks R.S. date 10/31/07
Existing System Inspection by: _____ date _____

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