IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094087 PIN# 4638 31 7400 DATE 2/9/01

OWNER OR CONTRACTOR Jim S. Peacock PHONE: Business _____ Home 660-9180

ADDRESS 454 Delaney Rd. Mooresville, NC. 28117

LOCATION 150W TR Robinson Rd. TR Crusader Ln. TL Barkland Ln. - 107 Barkland Ln.

SUBDIVISION Sweeney Property BLOCK / SECTION _____ LOT 2 LOT AREA ~.89 SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons, STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields Existing Square Feet/System Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Existing System
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/~~Modular~~ No. Bedrooms 3
☒ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

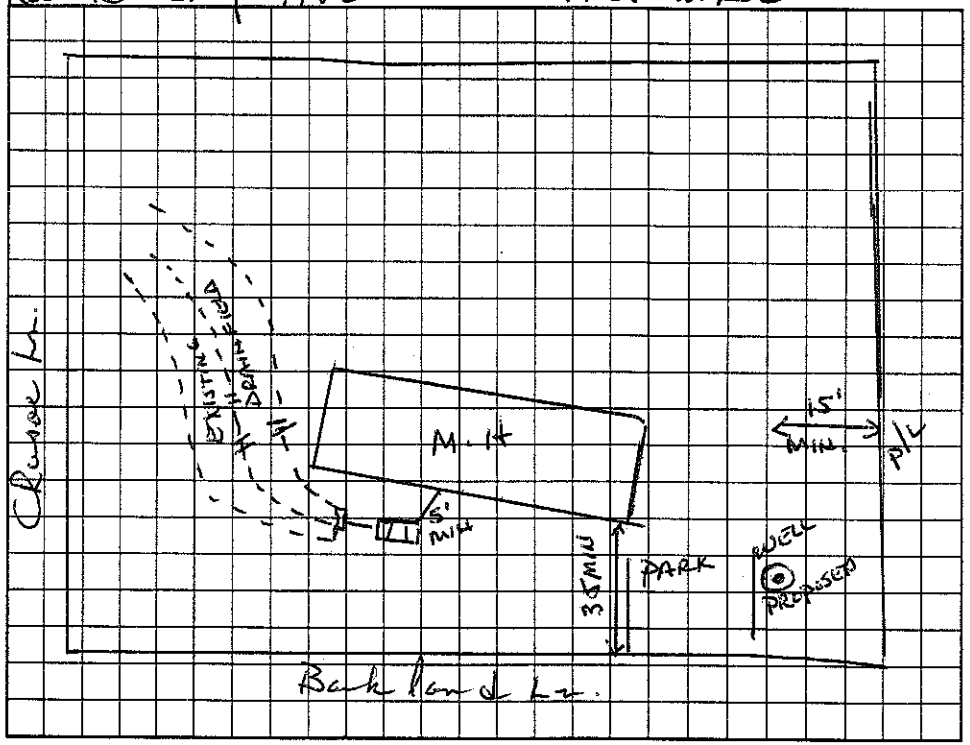
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions: 2/9/01 Existing System, home repositioned to stay off lowest drainline. Well must be 50' minimum from all Septic Tank Systems that are on this lot and the lot next door.

INITIAL SITE SKETCH

Robert Sweeney – 1982 – AS BUILT SKETCH F. Clemmer



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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Wesley Sparks R.S. date 2/9/01

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