10:20 - 11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072942 PIN# ~~4638 48 9910~~ 4638486961 DATE 5/10/98

OWNER OR CONTRACTOR JAMES LEBER PHONE: Business _____ Home 528-5583

ADDRESS 132 SENECA PL MOORESVILLE NC 28115

LOCATION DEATH RD- TL STUMPY CREEK & LOOP - GO PAST COLLINGSWOOD - TR STUMPY CREEK RD- ON LT

SUBDIVISION CLOT BLOCK / SECTION 14 LOT 103 LOT AREA .62 AC SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .4 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 4/27/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY CHAMBERED DRIP
Repair System Description: GRAVITY PANEL
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

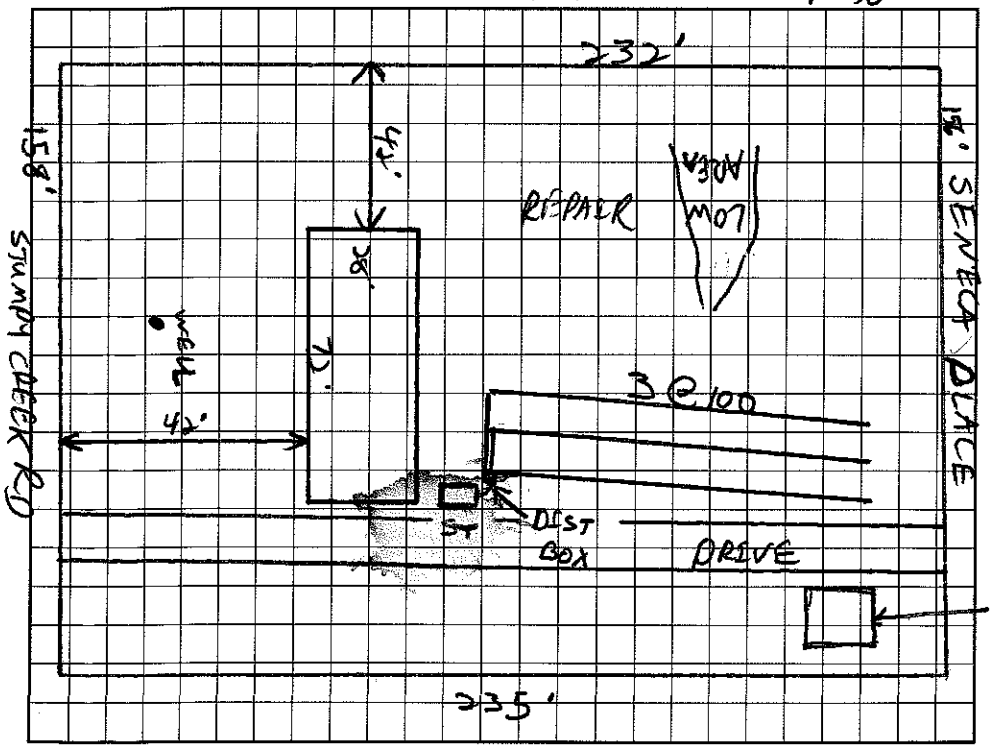
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: MH NOT LOCATED AT TIME OF INSPECTION

INITIAL SITE SKETCH 1"=50'



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: _____ date _____ Installed by: A1 BACKHOE

Improvement Permit by: C. _____ RS date 5/10/98 Operation Permit by: C. _____ RS date 6/29/98

Authorization to Construct by: C. _____ RS date 5/10/98 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