IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 175.00 Paid MOORESVILLE 704-664-5281

E

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

PERMIT# 80458 PIN# 4638 68 5785 DATE 8/8/01

OWNER OR CONTRACTOR Greg Miller PHONE: Business _____ Home 704-634-0185

ADDRESS 111 Rosa Ct. Mooresville, NC. 28117

LOCATION Perth N TL Hungry Creek 12th on L just past Kirkade Dr.

SUBDIVISION Harborview BLOCK / SECTION 12 LOT 12 LOT AREA ~.58Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7/23/01

Pump Tank: _____ Gallons; PT _____ Date _____

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 N/A

[X] New System [ ] Repair System Type: I II III IV V VI

System Description: DropBox - Conventional

Repair System Description: 16" PPBS

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

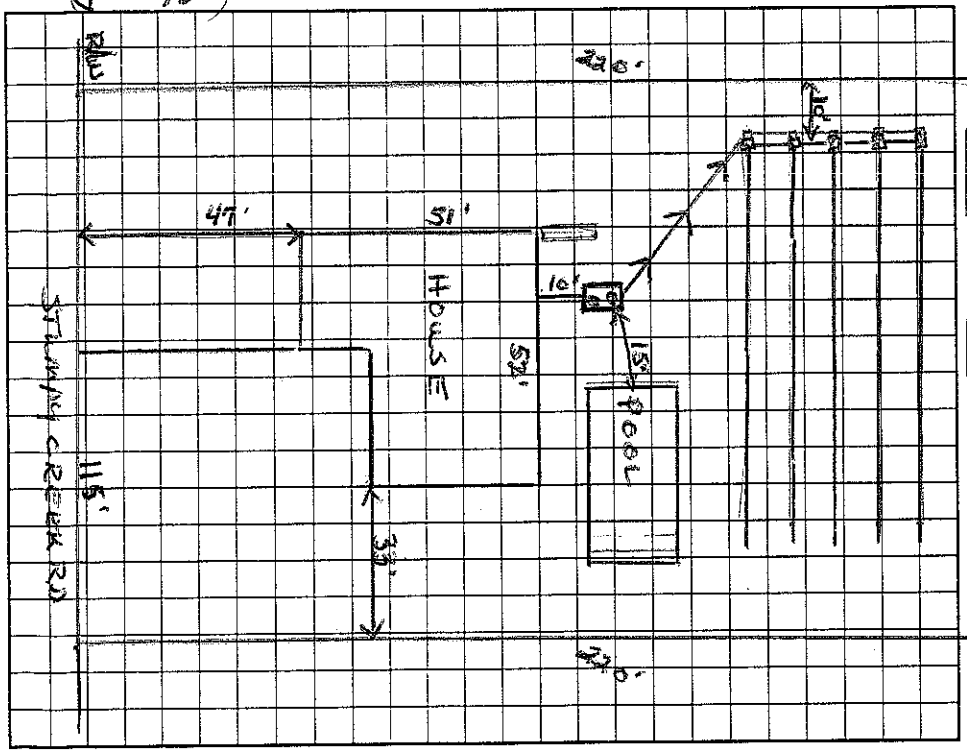
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community

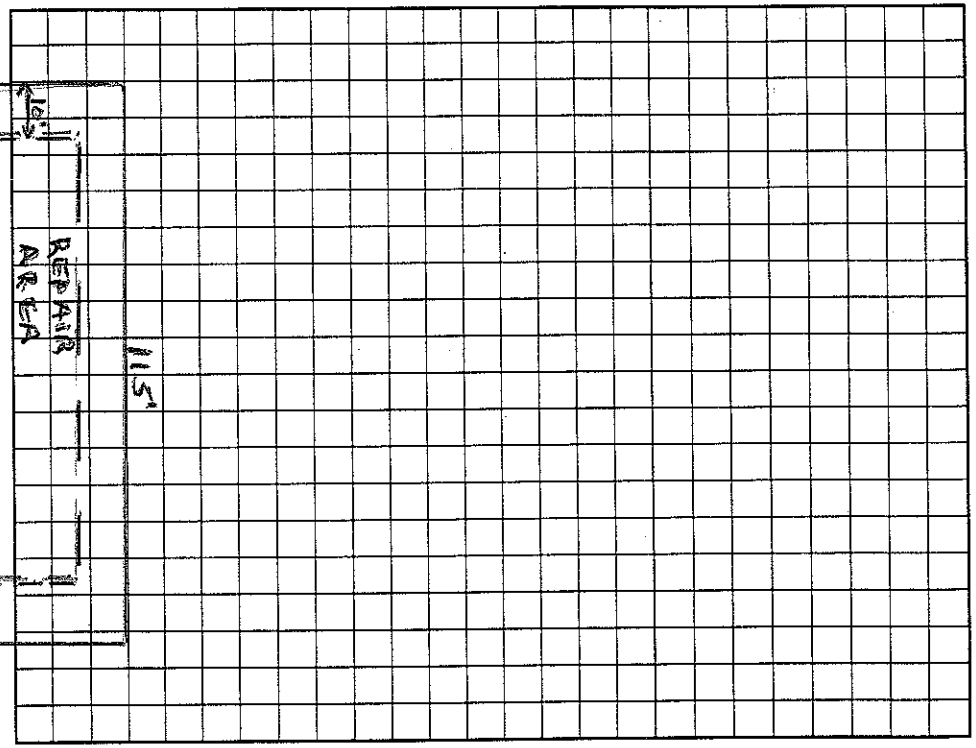
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 40')



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 9-27-01

Improvement Permit by: Wesley Sparks RS. date 8/8/01

Authorization to Construct by: Wesley Sparks RS date 8/8/01

Installed by: Richard Abernathy

Operation Permit by: Wesley Sparks RS. date 11/21/01

Existing System Inspection by: _____ date _____

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