IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# ~~4638 TTTTG~~ 4638-76-~~5985T~~ DATE 9-28-04

OWNER OR CONTRACTOR Donald Tusing PHONE: Business _____ Home 704 799-0350

ADDRESS 121 Whimberl Ln Mooresville, NC 28117

LOCATION Hwy 150, TR Perth, TL Whimberl (2nd street on left after crossing lake) take Whimberl to end cul de sac

SUBDIVISION Harborview BLOCK / SECTION 4 LOT 8 LOT AREA 1.14 acre SITE CLASS PS DESIGN FLOW 100gal L.T.A.R. .3T

Septic Tank: ≥ 900gal Gallons; STB 1007 Date 9-14-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Bed 6'x40' Linear Feet 40'
No Lines 2 Trench Width 6' Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

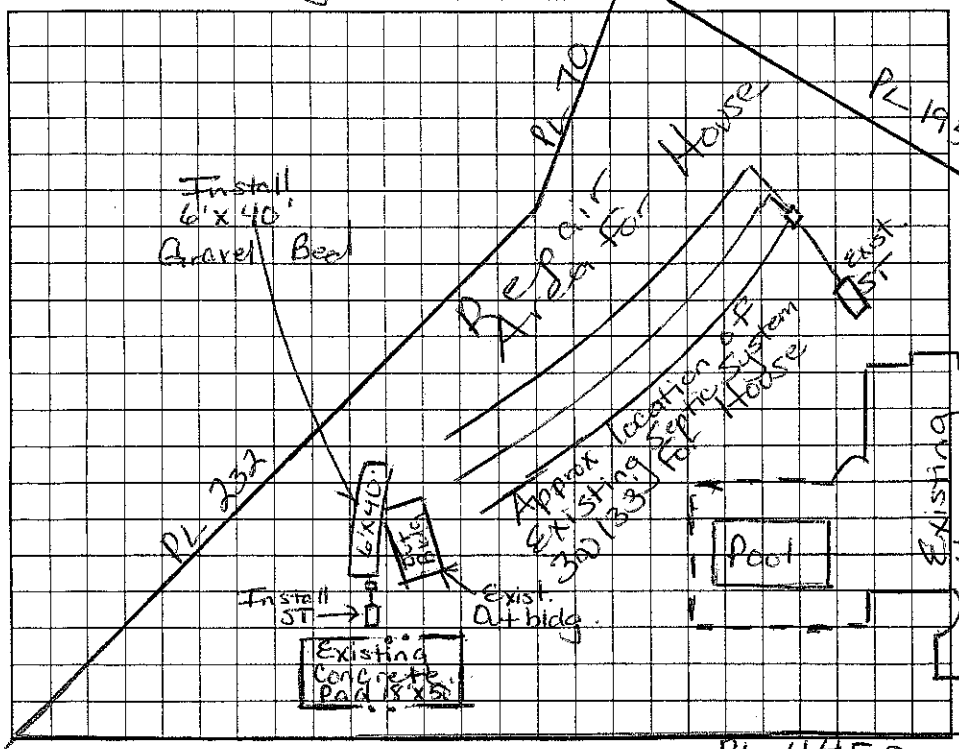
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☒ Other Septic Field for Camper
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community Pump out

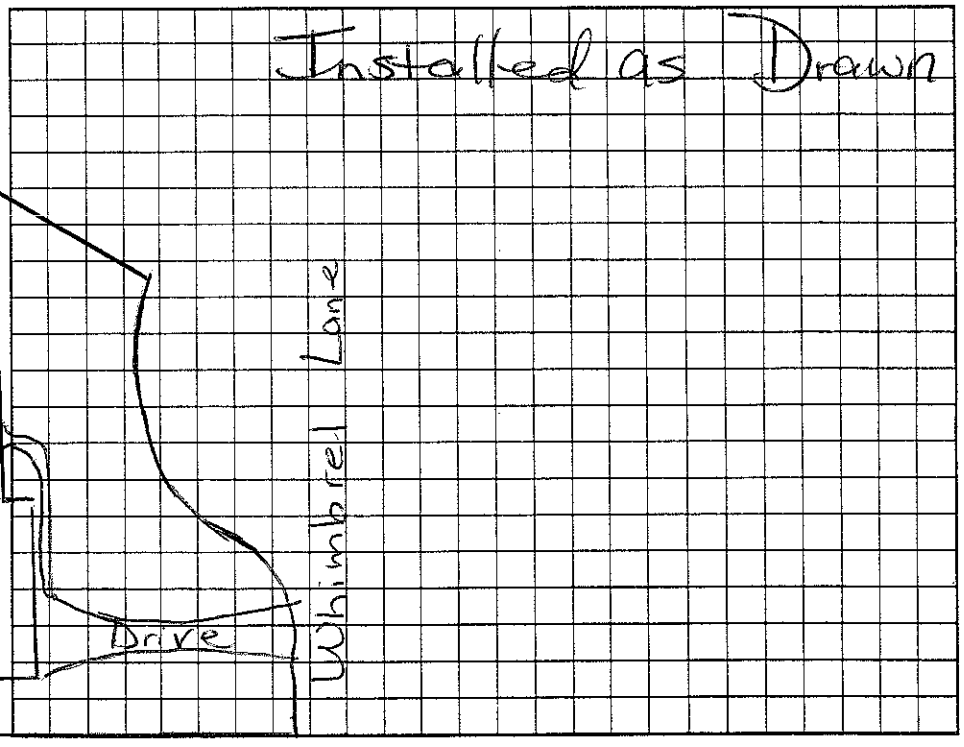
Comments/Conditions: Install ST (at least 900 gal) plus 6'x40' gravel bed for owner to pump out Camper after trips. Owner says equal to or less than 100gals per pump out

Comments/Conditions: Note: Lower end of bed may be deeper to maintain equal grade on bed.

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 9/28/04 Installed by: A & S Grading RS

Improvement Permit by: Maria H. Dotson RS date 9/28/04 Operation Permit by: Maria H. Dotson date 11/2/04

Authorization to Construct by: Maria H. Dotson RS date 9/28/04 Existing System Inspection by: _____ date _____

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