IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066834 PIN# ~~4638771716 (PT)~~ 4638-87-6171 DATE 12-19-97

OWNER OR CONTRACTOR William Graves Sr. PHONE: Business 408-7150 Home 664-7734

ADDRESS 114 Keel Ct Mooresville, NC 28115

LOCATION Perth Rd North To Whimbrell Ct on Right

SUBDIVISION Harborview BLOCK / SECTION 4 LOT 12 LOT AREA 1.74 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12/17/97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ** 900 Linear Feet ** 300
No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Plastic Chamber or Similar
Repair System Description: Pump-Plastic Chamber
Maintenance Agreement Required: ☐ Yes ☒ No

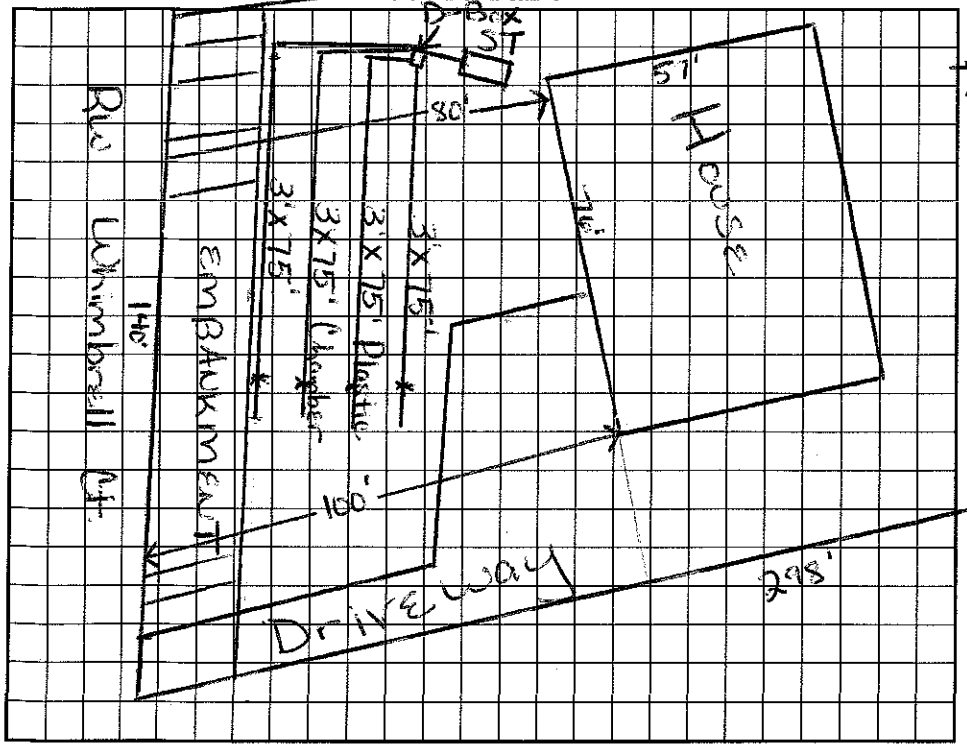
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

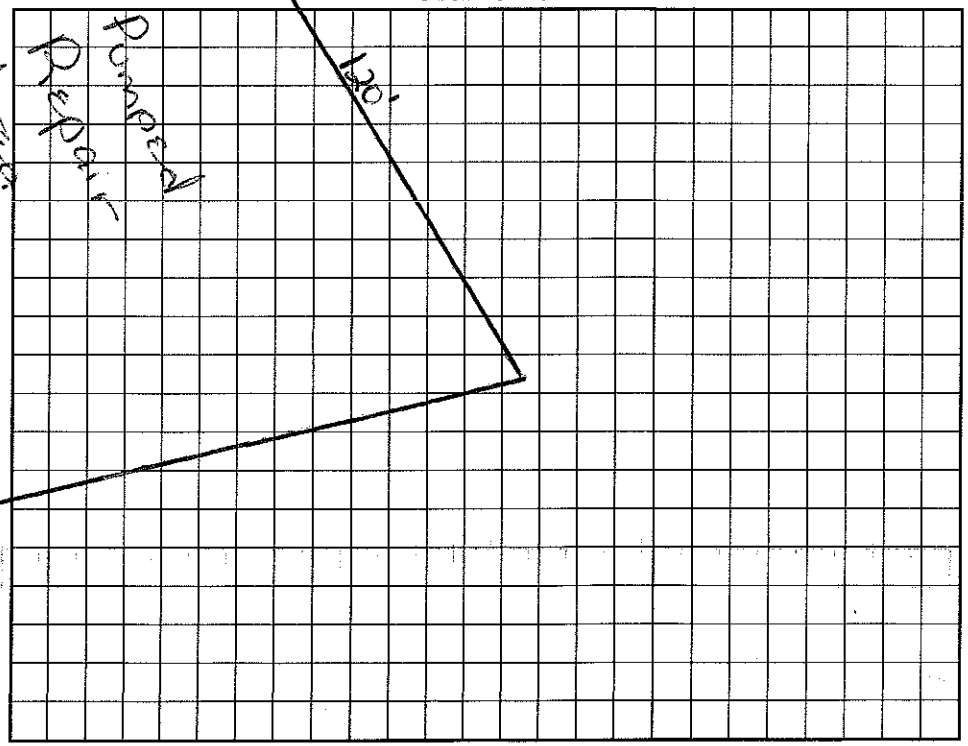
Comments:/Conditions: * Install Inspection ports on each lateral
** 25% reduction in Drainfield System

Comments:/Conditions:

INITIAL SITE SKETCH



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: William Graves SR date _____

Improvement Permit by: Maria H.H. Dotson date 12/19/97

Authorization to Construct by: Maria H.H. Dotson date 12/19/97

Installed by: ABERNATHY

Operation Permit by: [signature] date 6/8/98

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