IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105366 ZO PIN# 4638885249 Mark Doll DATE 4-10-2002

OWNER OR CONTRACTOR Michael & Jacqueline Naramore PHONE: Business 202-5348 Home 662-3245

ADDRESS 274 Harbor Landing Dr. Mooresville NC

LOCATION Hwy 150 W TR Plerth Rd TR into Harbor Landing TL Harbor Landing Dr.

SUBDIVISION Harbor Landing BLOCK / SECTION ____ LOT 81 LOT AREA ____ SITE CLASS PSJ DESIGN FLOW 360gpd T.A.R. .25 3

EXIST

Septic Tank: 1000 Gallons; ST# ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity - Conventional

Repair System Description: Gravity - Innovative

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3 2+1/2

☐ Mobile Home No. Bathrooms

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

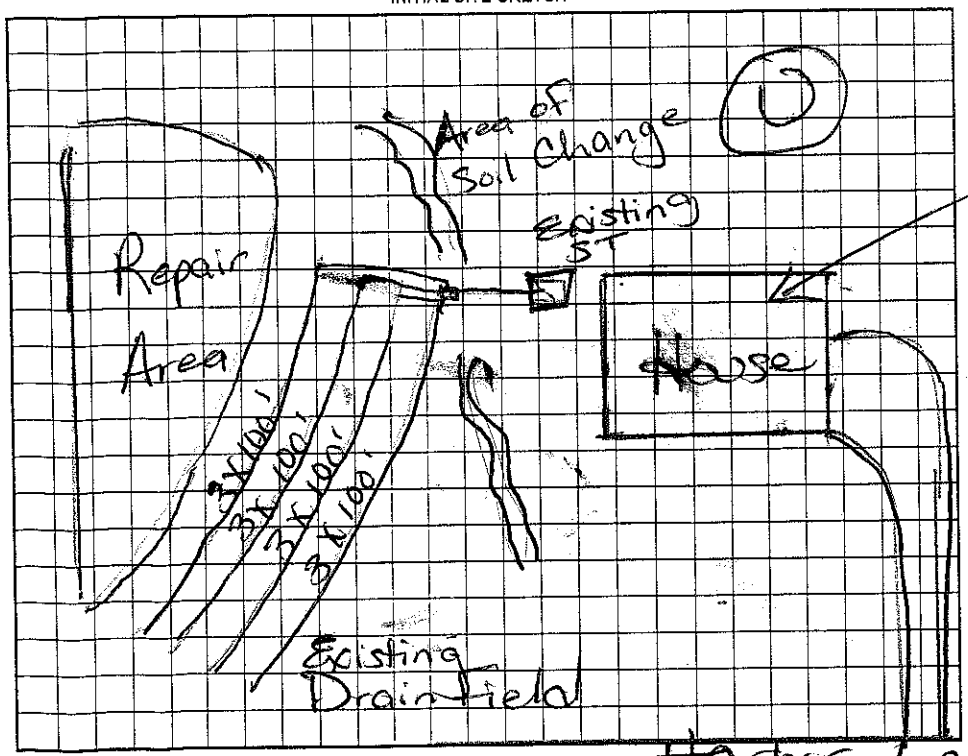
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problems noticed.

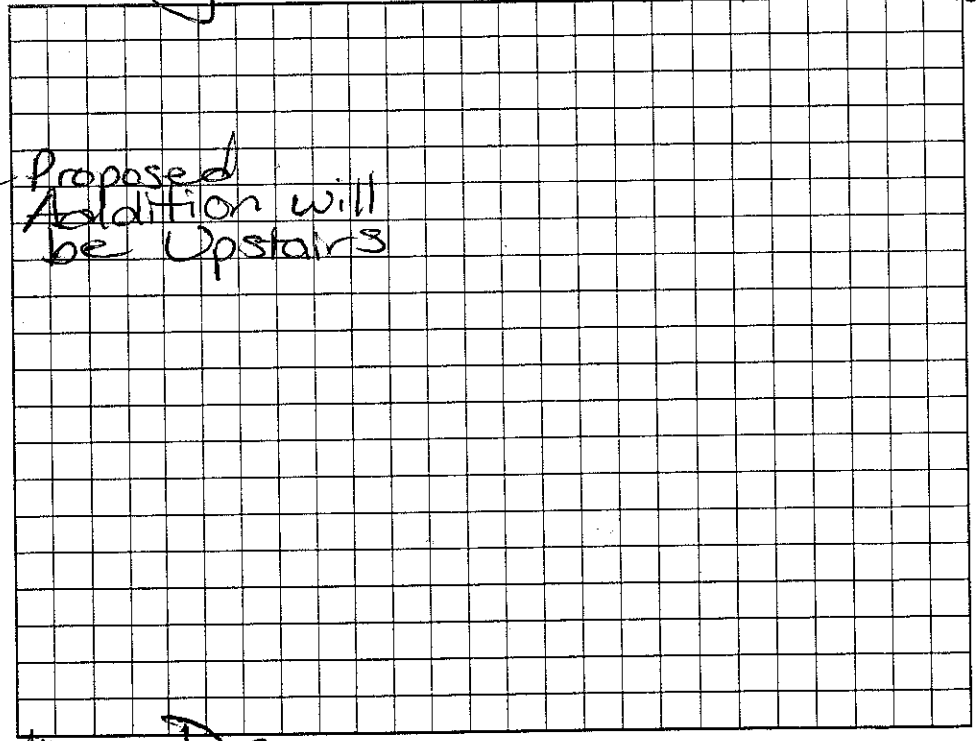
Comments:/Conditions: Septic System installed 4/1999

Adding Exercise room & Office (no extra bedrooms)

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 4/10/02 Installed by: ____

Improvement Permit by: Maria H. Dotson RS date 4/10/02 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H. Dotson RS date 4/10/2002

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