IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# ~~4639734550~~ 4638-96-1387 DATE 5-6-08

OWNER OR APPLICANT Bob Jewell PHONE: Business 704-674-5247 Home _____

ADDRESS 169 Stagemore Rd Mooresville NC 28117

LOCATION 150, TR Perth, TR Stagemore, on L

SUBDIVISION Harbor Landing BLOCK / SECTION 12 LOT 22 LOT AREA 23,427 SqFt SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I (II) IV V VI
System Description: Gray. 25% Red.
Repair System Description: LP-PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments:/Conditions: * Repair has been moved from off site easement to lot 22

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED PLAN FROM ROLLANS SOIL & ENVIRONMENTAL SERVICES

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 5/8/08 Installed by: _____

Improvement Permit by: B ~~Addy~~ date ~~5/8/08~~ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 5-6-08

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