IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 072136 PIN# ~~4639-73-4556~~ 4638-96-2419 DATE 1/29/03

OWNER OR CONTRACTOR DAVID WRIGHT PHONE: Business _____ Home 704-663-1663

ADDRESS 117 LAWNHAVEN DR. MOORESVILLE, NC. 28115

LOCATION PERTH N TO SAGEMORE TL HARBOR LANDING, LOT ON (E) CORNER

SUBDIVISION HARBOR LANDING BLOCK / SECTION 2 LOT 21 LOT AREA .61 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1000M Date 11/13/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 3@80' Trench Width 2 Max Trench Bottom Depth 28" Gravel Depth No

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 16" PPBPS - GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

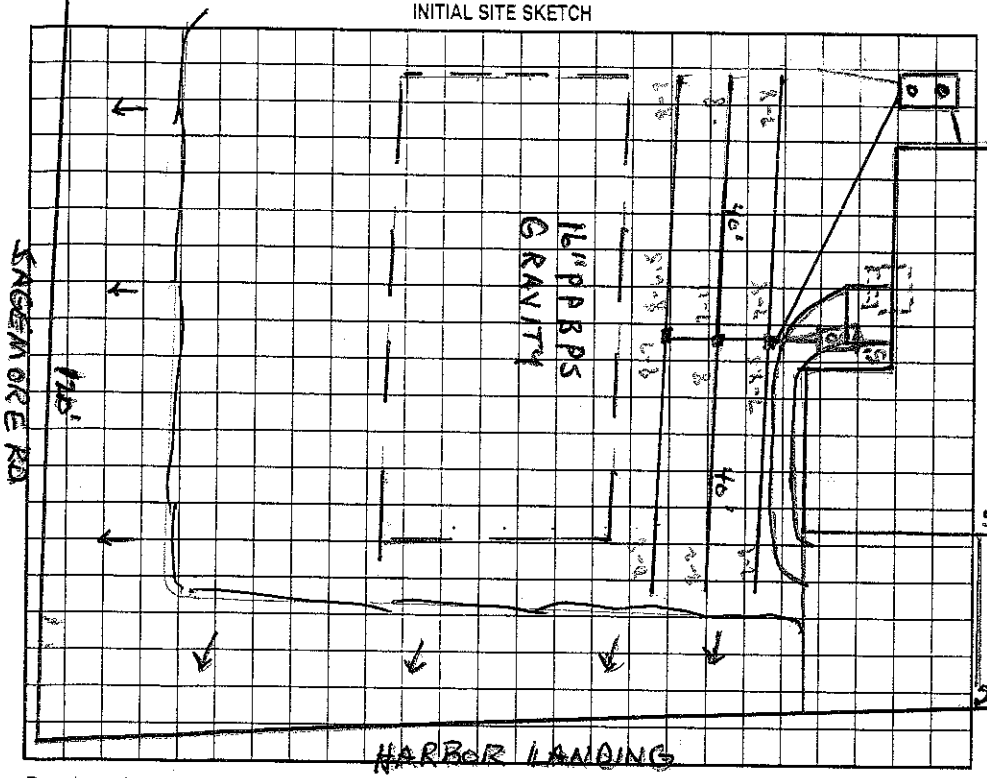
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

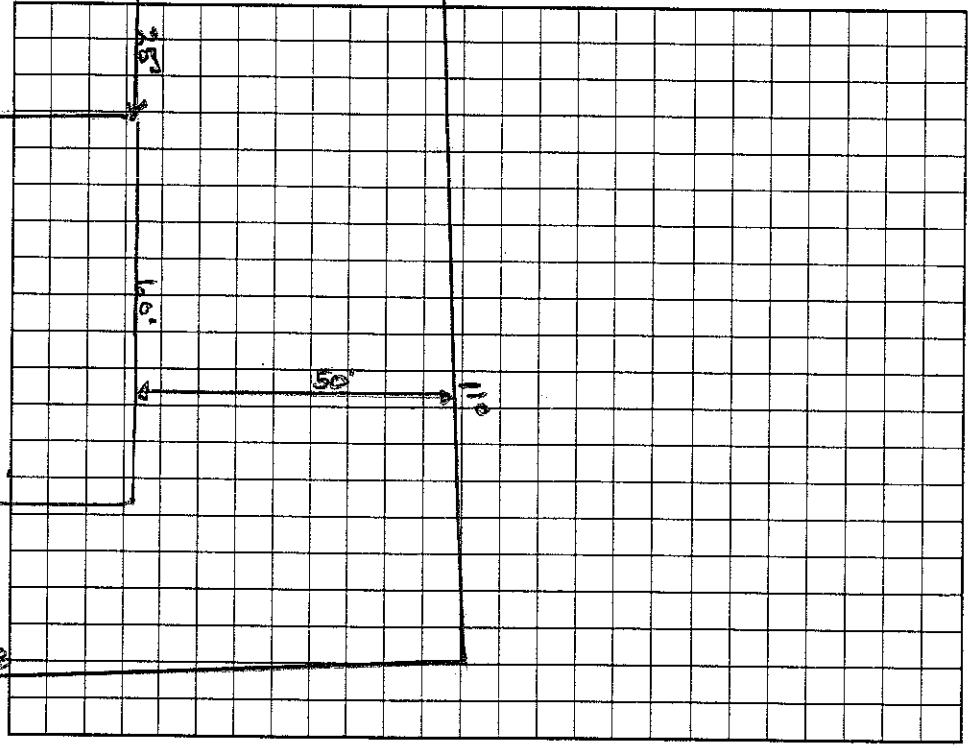
(1" = 30')

INITIAL SITE SKETCH



Comments:/Conditions:

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: Saundra S. Smith date 2-03-03 Installed by: Ace Drilling

Improvement Permit by: Wesley Sparks R.S. date 1/29/03 Operation Permit by: Wesley Sparks R.S. date 1/16/04

Authorization to Construct by: Wesley Sparks R.S. date 1/29/03 Existing System Inspection by: _____ date _____

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