IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 Paid 125.00 DT MOORESVILLE 704-664-5281

Fax - 704-878-5334 9.00

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

PERMIT# 091160 PIN# 4639 131540 DATE 8/17/00

OWNER OR CONTRACTOR Cynthia A Livingston/Karen L. Turner PHONE: Business _____ Home (704) 663-0253

ADDRESS 427 Beaten Path Rd Mooresville NC 28117

LOCATION Perth, L Fern Hill, R Bullfinch on Lt

SUBDIVISION Beacon Pt BLOCK / SECTION _____ LOT 19 LOT AREA .86 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB WP 1007 Date 2-09-01

Pump Tank: 1000 Gallons; PT B 274 Date 11-24-00

Pump Make: Zoeller Model N137 Serial No. _____

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

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ~~8~~ 12"

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

System Description: Press. Manifold Conventional

Repair System Description: Some

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3-5 No. Employees _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

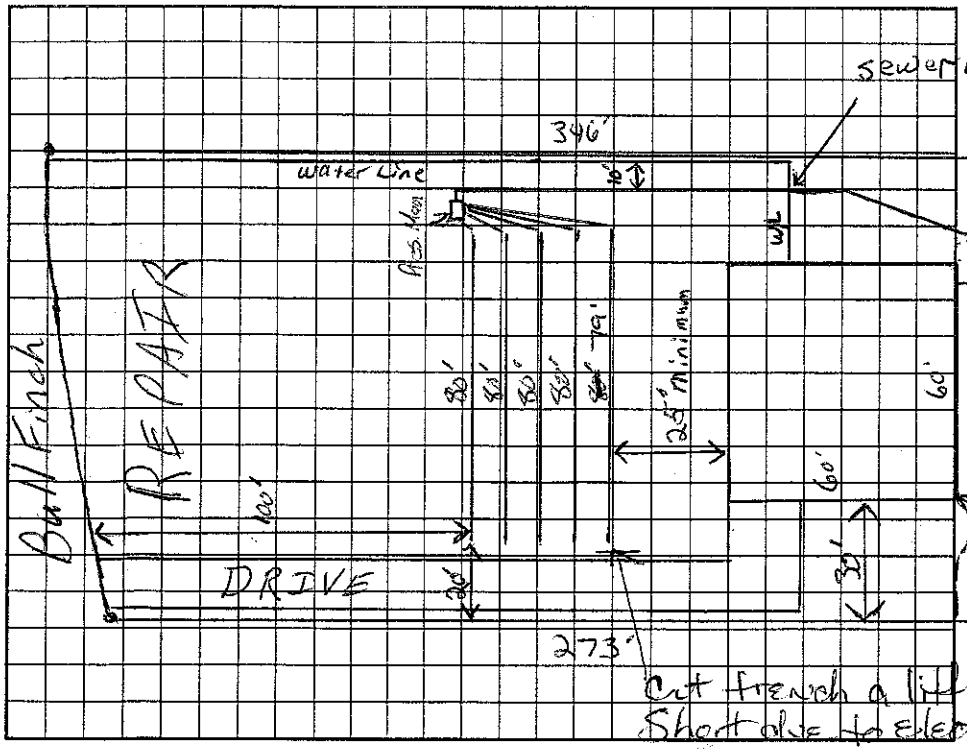
Comments:/Conditions: TYPE II X

Checked 5th line 4/16/2001 & Tanks

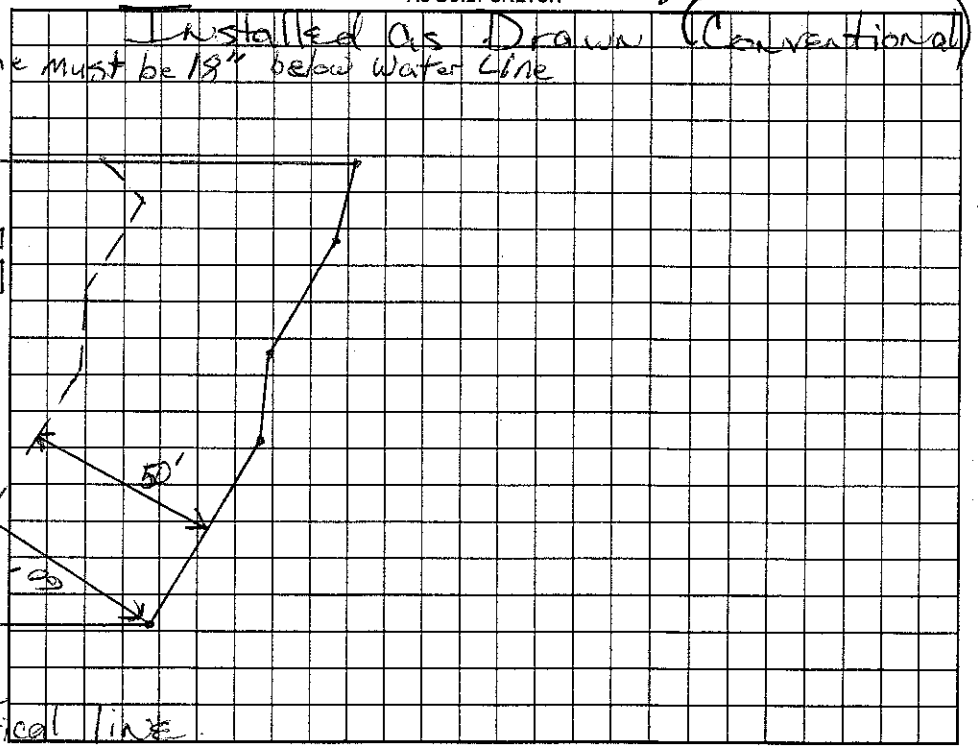
CHANGED TO CONVENTIONAL BY BRADY FREEMAN 3/2/01

Checked lines 5, 1, 2, 3, 4 4/12/2001

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: Karen L. Turner date 8/28/00 Installed by: Wayne Clontz

Improvement Permit by: RSI date 8/17/00 Operation Permit by: RSI date 4/25/01

Authorization to Construct by: RSI date 8/17/00 Existing System Inspection by: _____ date _____

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

