3100 gpd $10
4-

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 28995 PIN# 4639 70 7000.125 4639-70-5078 DATE 5-18-01

OWNER OR APPLICANT John Crowley PHONE: Business 528-0425 Home 578-3113

ADDRESS 144 Tea Olive Ln Mooresville, NC 28117

LOCATION 150 W TR Perth TL Liva Ln on Rt

SUBDIVISION Bay Crossing BLOCK / SECTION 2 LOT 125 LOT AREA 1.71 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 11-1-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500+
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: LPP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No Not initially
☒ Gravity ☐ Pressure

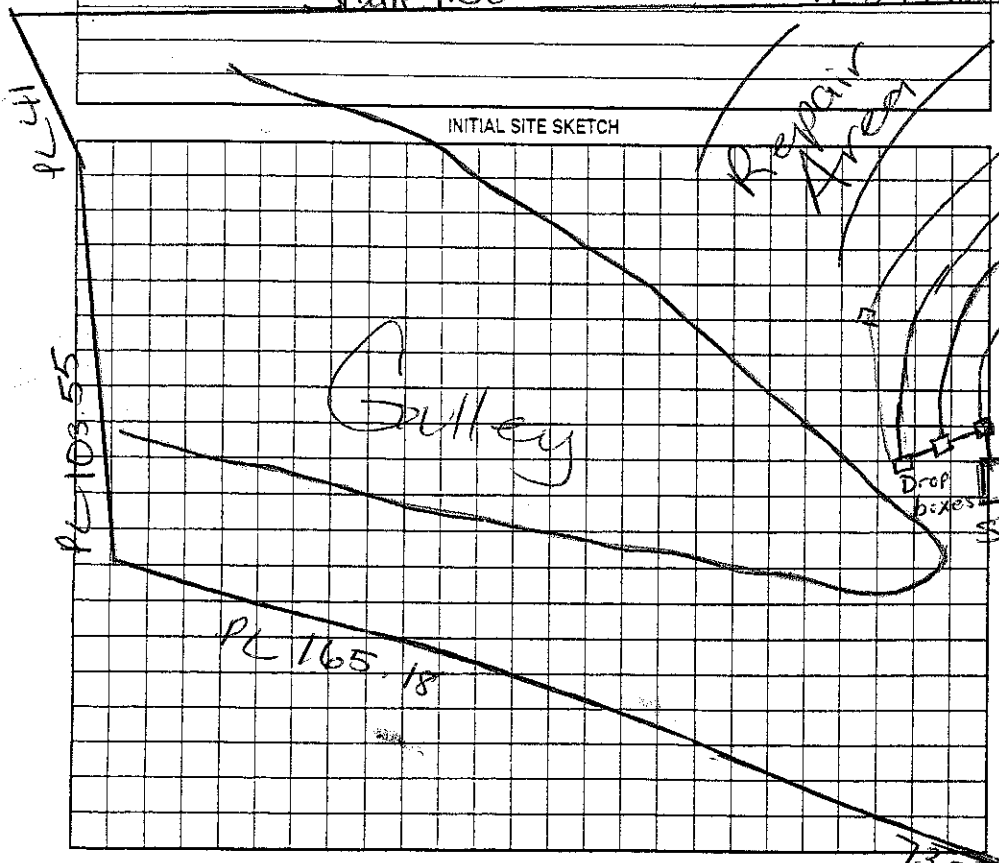
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

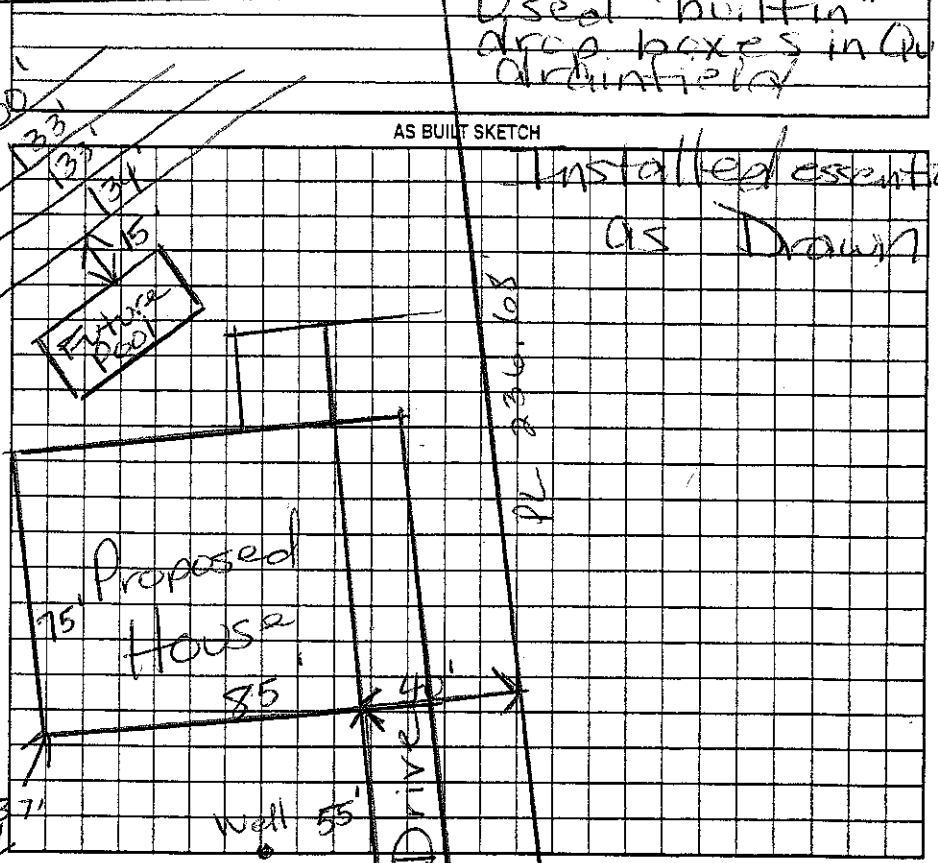
Comments:/Conditions: Scale 1:50 PL 379.6

INITIAL SITE SKETCH



Comments:/Conditions: Used "built-in" drop boxes in Quick 4 arrangement

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: [signature] date 6/7/07 Installed by: [signature] Liva Rd Ck Grading

Improvement Permit by: Maria H. Dotson RS date 5/18/07 Operation Permit by: Maria H. Dotson date 11/6/08

Authorization to Construct by: Maria H. Dotson RS date 5/22/07 Existing System Inspection by: _____ date _____

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