IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 17707 PIN# ~~2A7A5~~ 4644-37-9306 DATE Jan. 23, '99

OWNER OR CONTRACTOR Ray Short PHONE: Business ______ Home ______

ADDRESS 470 Stutts Rd, Mooresville

LOCATION Fangtree Rd. TL Mecklynn Bear Right into West Paces at end

SUBDIVISION West Paces BLOCK / SECTION ______ LOT 5 LOT AREA .533ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 4/7/99

Pump Tank: 1000 Gallons; PT 27 Date 8/10/99

Pump Make: Goulds Model WEO-511H Serial No. F9909415

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LP Panel Block

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☒ Yes ☐ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ______

☐ Other ______

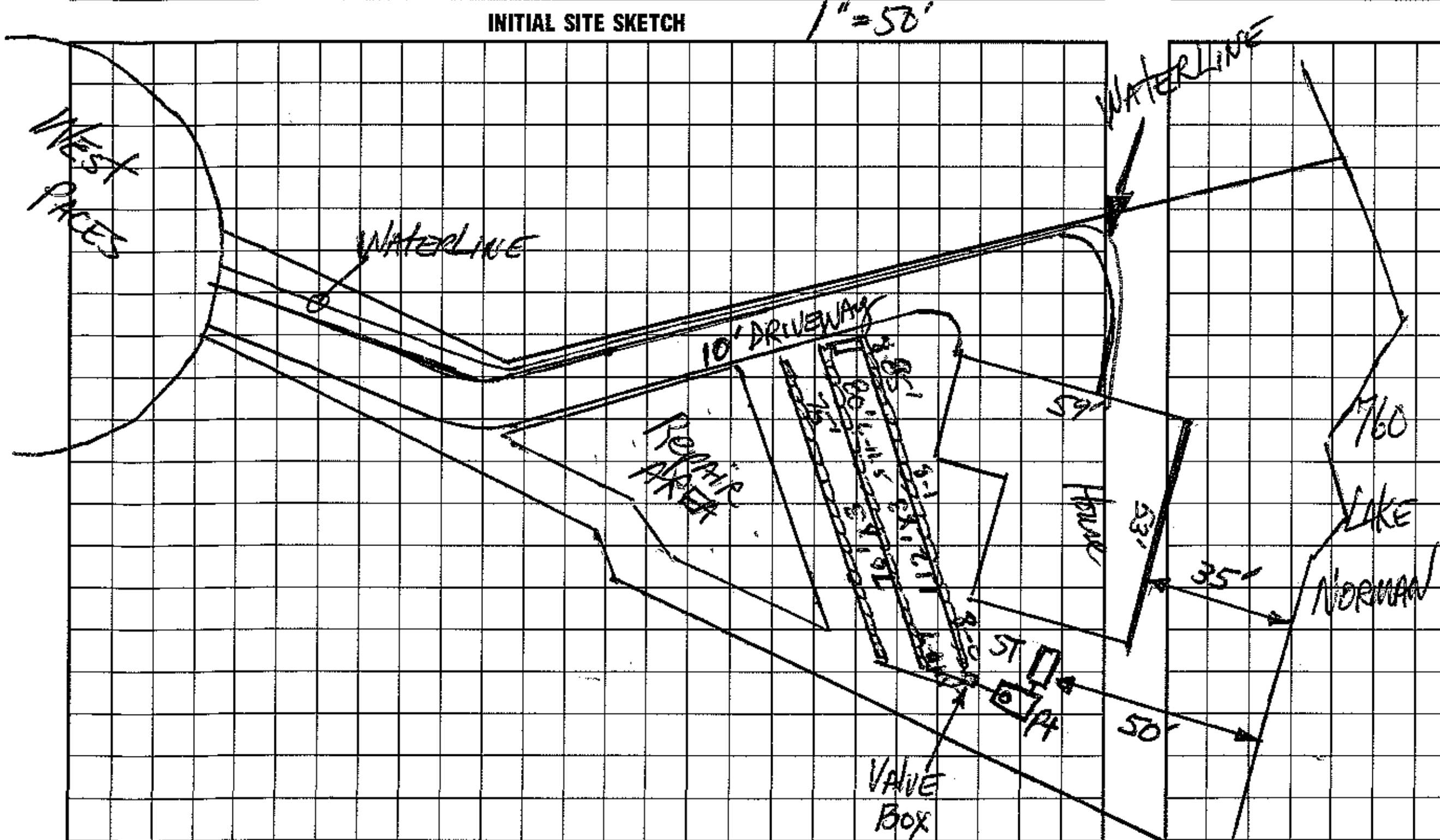
Water Supply:
☒ Individual
☐ Public
☐ Community
offsite

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'

AS BUILT SKETCH



I understand that this 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: Ray Short date 1/26/99

Improvement Permit by: [signature], RS date 1-23-99

Authorization to Construct by: [signature], RS date 1-23-99

Installed by: F J Erwin

Operation Permit by: Wesley Sparks R.S. date 9/22/99

Existing System Inspection by: ______ date ______

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