# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 2100 MOORESVILLE 704-664-5281

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

PERMIT# 066502 PIN# ~~4644481479 PI~~ 4644482318 DATE 3-20-2002

OWNER OR CONTRACTOR Mark McMahon (formerly CRI) PHONE: Business _____ Home 704 660-9220

ADDRESS 147 Emerald Lane Mooresville NC

LOCATION Langtree Tl Mecklynn TR West Paces TL Sail High Ct

SUBDIVISION Westview BLOCK / SECTION _____ LOT 14 LOT AREA .61 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5/15/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 900' Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ Linear Feet 300'

No Lines 4 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: Gravity-25% Reduction

Repair System Description: Panel Blk.

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

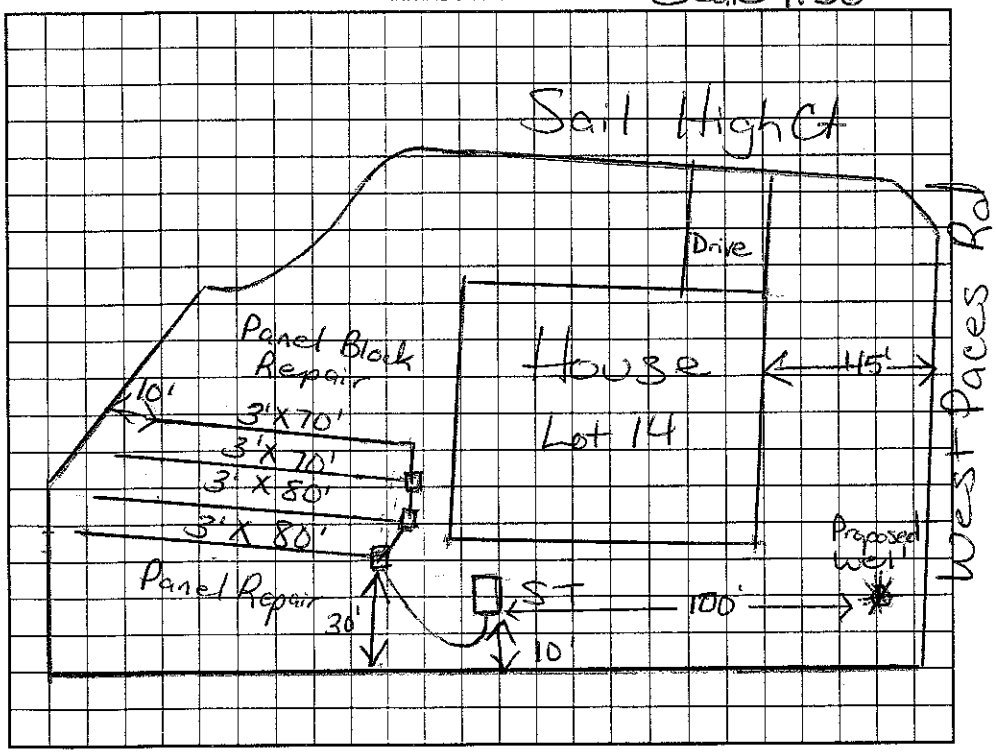
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

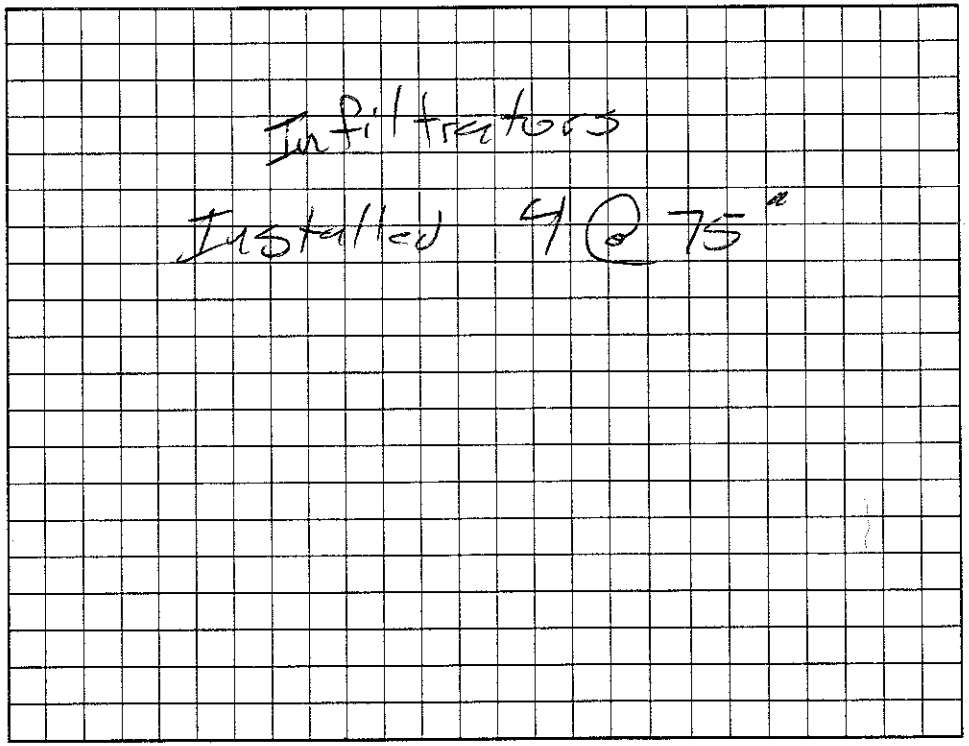
Comments:/Conditions: Keep Septic System at least 10' from PL & 10' from house.

Comments:/Conditions: Okay to use distribution box.

INITIAL SITE SKETCH Scale 1:50




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: Mark McMahon date 3/21/02 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dolson RS date 3/20/2002 Operation Permit by: [signature] RS date 7/15/03

Authorization to Construct by: Maria H. Dolson RS date 3/20/2002 Existing System Inspection by: _____ date _____

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