IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066477 PIN# 4644 48 1479 P+. 4644-49-3320 DATE 6/

OWNER OR CONTRACTOR Scott & Michelle Duice PHONE: Business _____ Home _____

ADDRESS Jade Spring Ct. Mooresville, NC. 28117

LOCATION Langtree Rd. TL Mecklyn Rd. TR West Pace Rd. TR Jade Spring Ct. 1st end (R) of Center

SUBDIVISION Westview BLOCK / SECTION _____ LOT 3 LOT AREA .83 Ac. SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/6/61

Pump Tank: 1000 Gallons; PT 283 Date 1/12/02

Pump Make: MYERS Model ME-50-11HH Serial No. 260880901

Nitrification Field: No Fields 1 Square Feet 112 Linear Feet 56

No Lines 1 Trench Width 2' Max Trench Bottom Depth 37" Gravel Depth No

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

System Description: _____

Repair System Description: 1-56' 16" PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

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

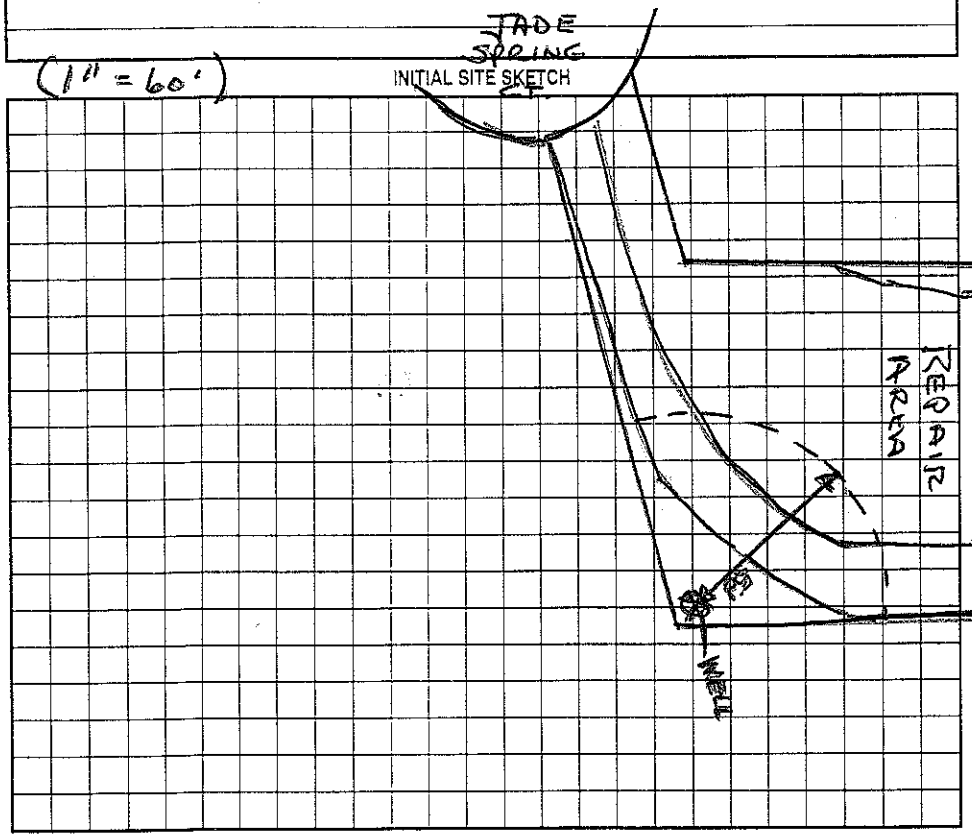
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

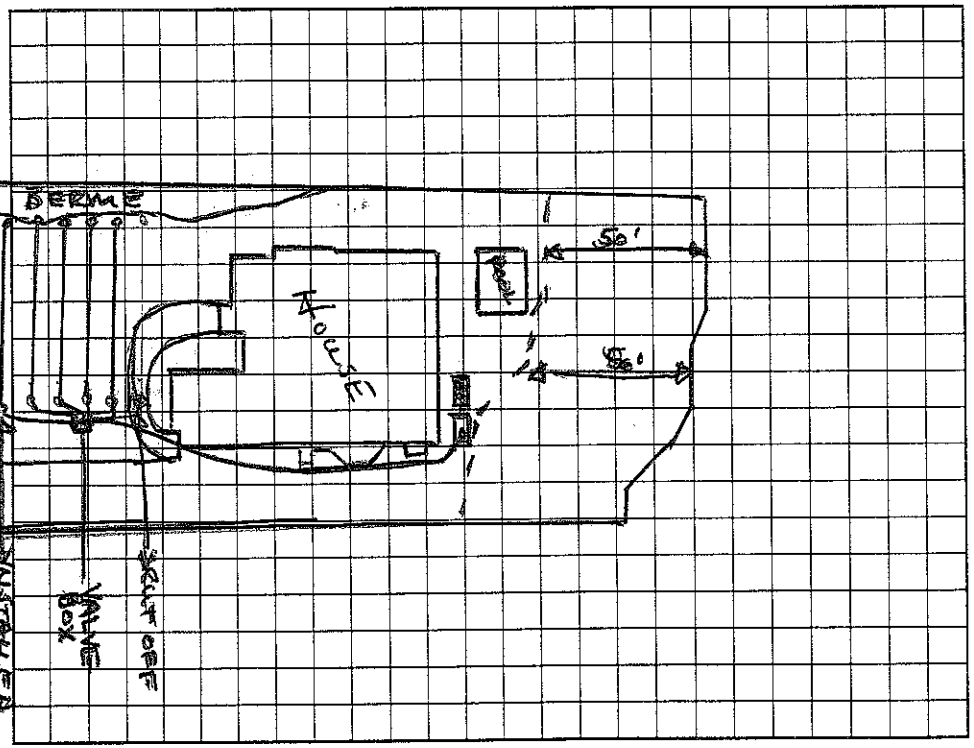
Comments:/Conditions: 7/1/02 There is still too much water over this drainfield coming from the sprinkler system.

(1" = 60')

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Curt Denning

Operation Permit by: Wesley Sparks RS date 7/1/02

Existing System Inspection by: _____ date _____

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