$130 338a

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108153 PIN# 4645-18-9817 DATE 9/18/02

OWNER OR CONTRACTOR Patricia L. Stockwell/Ashcraft Const. PHONE: Business 704 634 7082 Home

ADDRESS 121 Mainview Dr. Mooresville, NC 28117

LOCATION Alcove, TR Templeton, TR Henry Ln, on Rt just past Bob Whitaker

SUBDIVISION Kelly Cove BLOCK / SECTION 2 LOT 6 LOT AREA 0.649 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 1007 Date 4/20/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Pump 25% Red.
Maintenance Agreement Required: ☐ Yes ☒ No

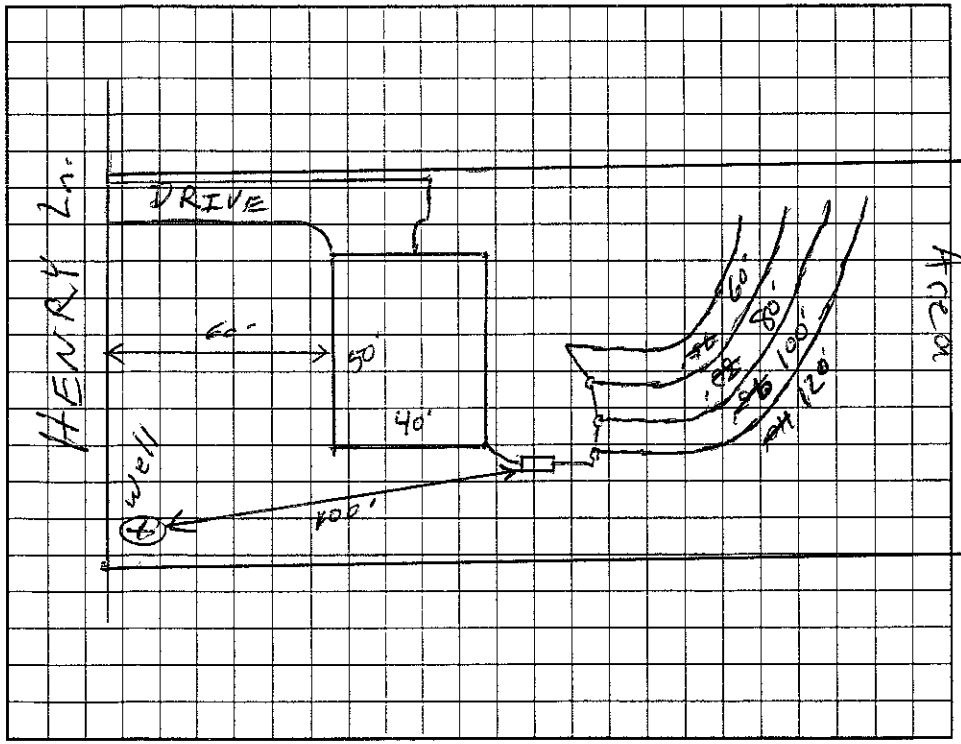
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
House May be As close as 35' to the Road

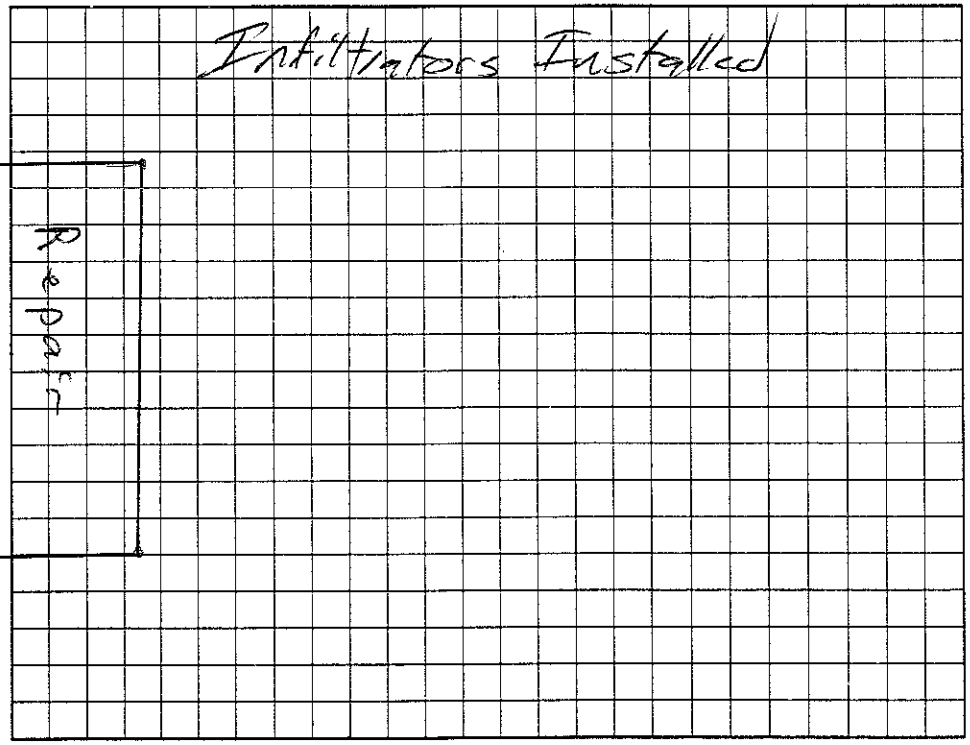
Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Infiltrators Installed



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: Jerry Jacobs date 10-17-02 Installed by: Jody Travis

Improvement Permit by: [signature] date 9/18/02 Operation Permit by: [signature] date 6/24/03

Authorization to Construct by: [signature] date 2/6/03 Existing System Inspection by: ____ date ____

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