# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084292 PIN# 4645267850 DATE 8-9-2000

OWNER OR CONTRACTOR Jeffrey & Kathleen Weaver PHONE: Business 799-0692 Home 663-1143

ADDRESS 128 Blue Grass Mooresville, NC 28117

LOCATION Alcove Rd TR Templeton, TL Camino Real TL Queen Rd on right Near end by Forum

SUBDIVISION Queens Cove BLOCK / SECTION 3 LOT 116 LOT AREA 1.67 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 994 Date

Pump Tank: 1000 Gallons; PT 27 Date

Pump Make: Hydromatic Model SHEP50A1 Serial No. 1/2/2001

Nitrification Field: No Fields 1 Square Feet 630' Linear Feet 210'

No Lines 3 at 70' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I. II. III. IV. V. VI

System Description: Pump (LPP) Panel Block

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3-4 Office

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

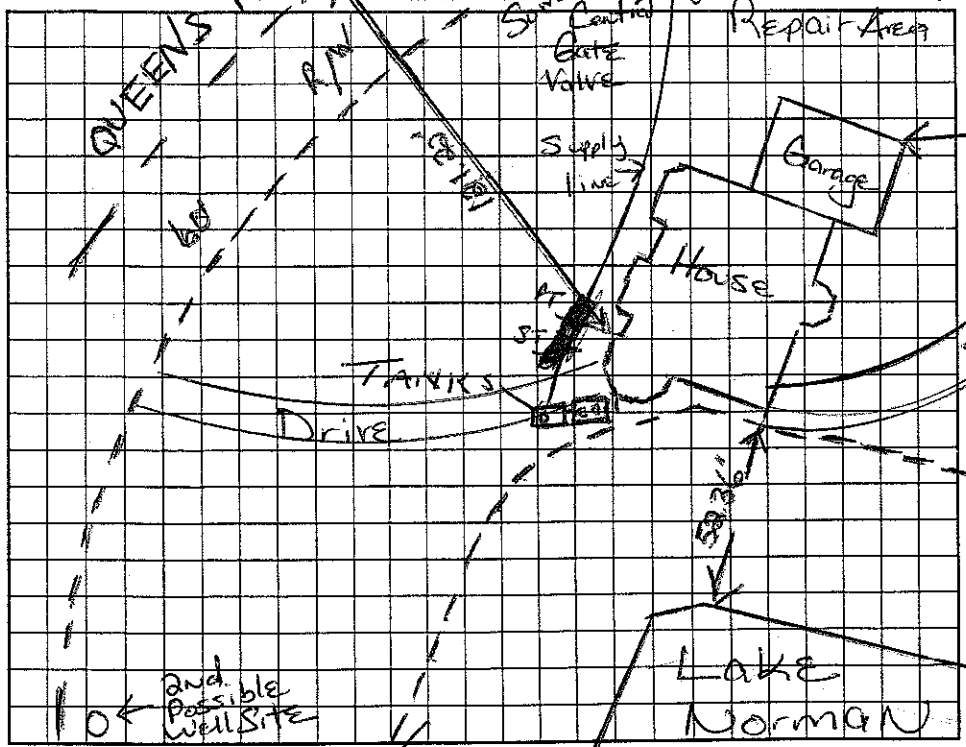
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Note: Property lines extend into R/W R/W

Keep Drainlines out of R/W.

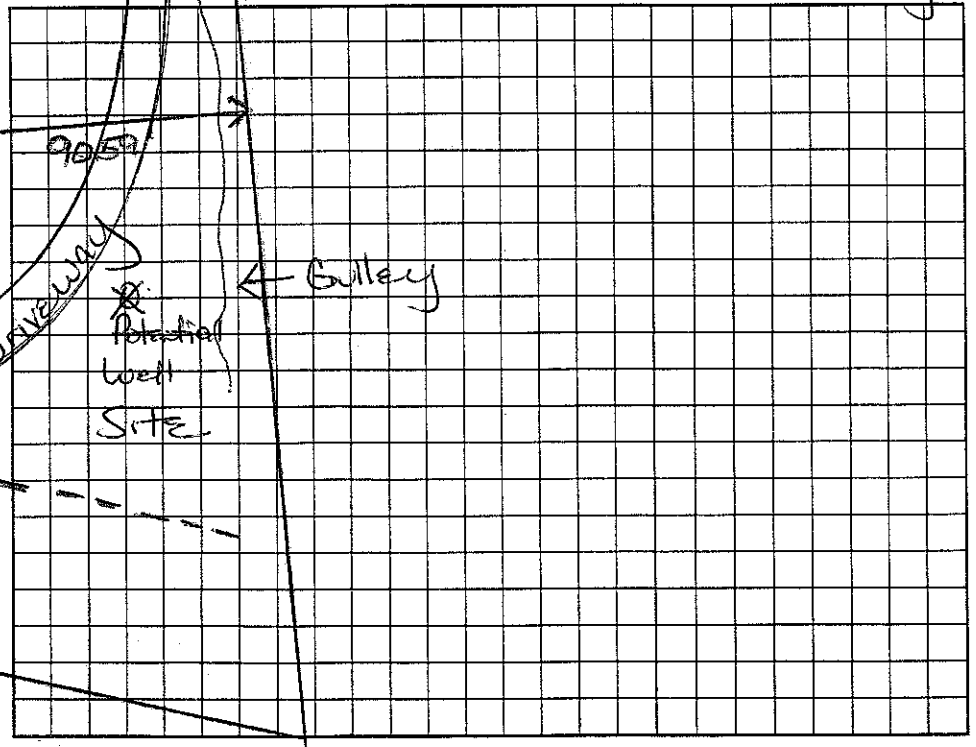
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INITIAL SITE SKETCH




Comments/Conditions: Keep Septic Drainfield at least 15' from Gulley & 10' from PL & 25' upgradient of basement. Keep well at least 50' from Septic System

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 8-10-00 Installed by: Tommy Faye - Craig Thompson

Improvement Permit by: Maina H. Dotson date 8/9/2000 Operation Permit by: Maina H. Dotson RS date 6/11/2001

Authorization to Construct by: Maina H. Dotson date 8/9/2000 Existing System Inspection by: _____ date _____

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