IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081704 PIN# 4645 37 3505

OWNER OR CONTRACTOR Doug Richert PHONE: Business _____ Home 664-4546 DATE 1/20/00

ADDRESS 126 Harwell Dr. Mooresville, NC. 28117

LOCATION Alcove Rd. TR Templeton Rd. TL Harwell Dr., 1st drive on (R)

SUBDIVISION Queens Cove BLOCK / SECTION 2 LOT 39 LOT AREA ~2.7 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. N/A

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet EXISTING Linear Feet ____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ADDING GARAGE+

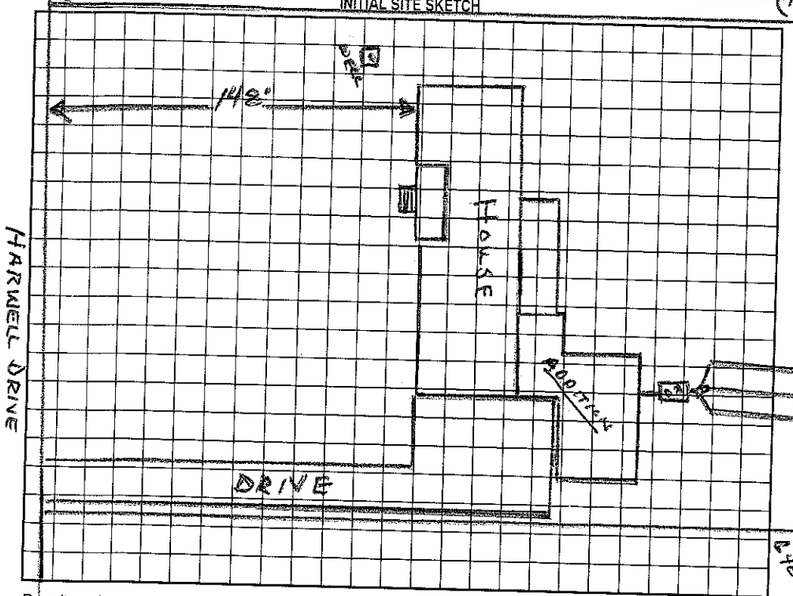
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

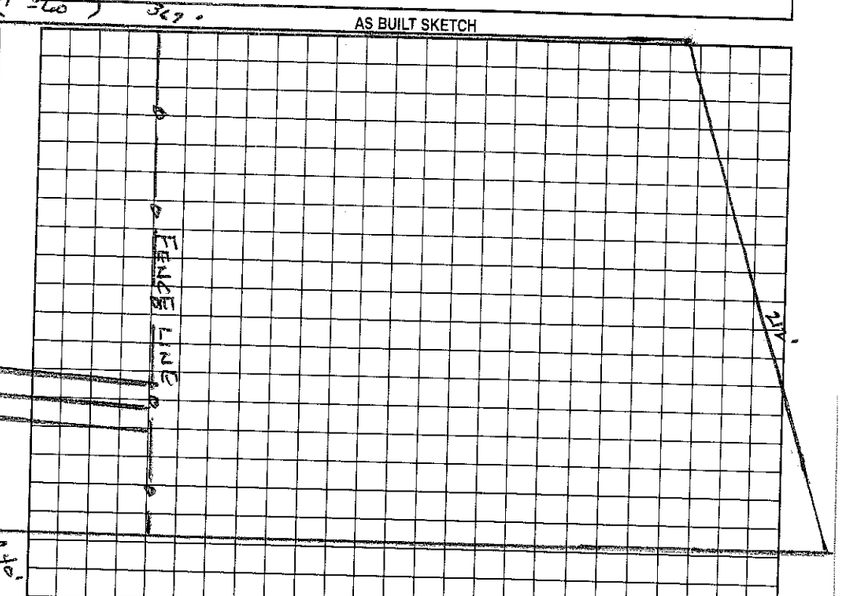
Comments:/Conditions:

Comments:/Conditions: REC ROOM w/ UNFINISHED UPSTAIRS AREA

INITIAL SITE SKETCH (1" = 40') 362.



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: *Adrienne Crouch date 1/20/00

Improvement Permit by: Wesley Sparks RS. date 1/20/00

Authorization to Construct by: Wesley Sparks RS. date 1/20/00

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 1/20/00

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