IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077188 PIN# 4645 94 3654 DATE 10/26/98

OWNER OR CONTRACTOR WILLIAM BOLLING PHONE: Business _____ Home 892-8545

ADDRESS 121 MT MOURNE LP. MOORESVILLE NC 28115

LOCATION 115 S TR LANGTREE - TL 2ND MT MOURNE LP - IN CURVE ON RT

SUBDIVISION GREEN PASTURES BLOCK / SECTION _____ LOT 121 LOT AREA _____ SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 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: GRAVITY CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

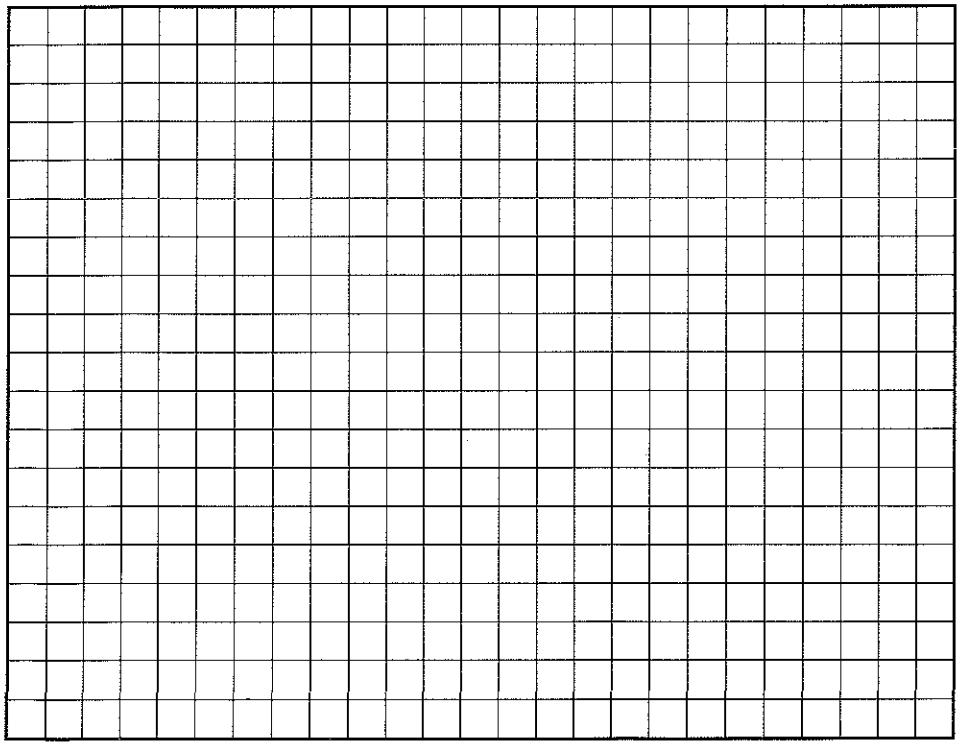
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ ~~Individual~~
☐ Public
☐ Community

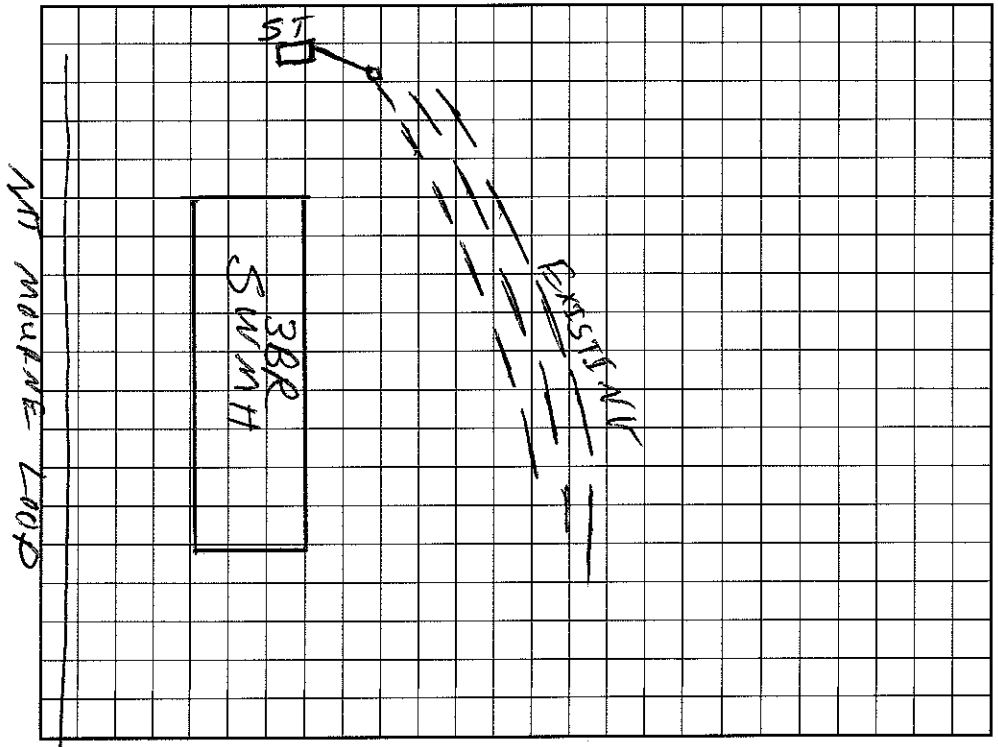
Comments:/Conditions:
SYSTEM FUCTIONING PROPERLY AT TIME OF INSPECTION - TANK WAS UNCOVERED - BUT LINES ARE TOO DEEP TO PROBE.

Comments:/Conditions:
EXISTING SYSTEM.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Dina Bolling date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: C. [illegible] date 10/26/98

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