IREDELL COUNTY HEALTH DEPARTMENT

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

#130

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

PERMIT# 112183 PIN# 4646175460 Paul Bedard DATE 5/2/03

OWNER OR CONTRACTOR Mark Hall PHONE: Business 704.309-3652 Home 663-2708

ADDRESS 433 Sundown Rd. Mooresville, NC 28117

LOCATION Williamson Rd to Sundown Rd past "Estates @ Sundown" on left (lakeside)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.1 Acres SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 10/1 Date 8/18/03
Pump Tank: 1500 Gallons; PT 99 Date 8/26/03
Pump Make: Gould's Model WE0.5-12 it Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines 5 @ 100' Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

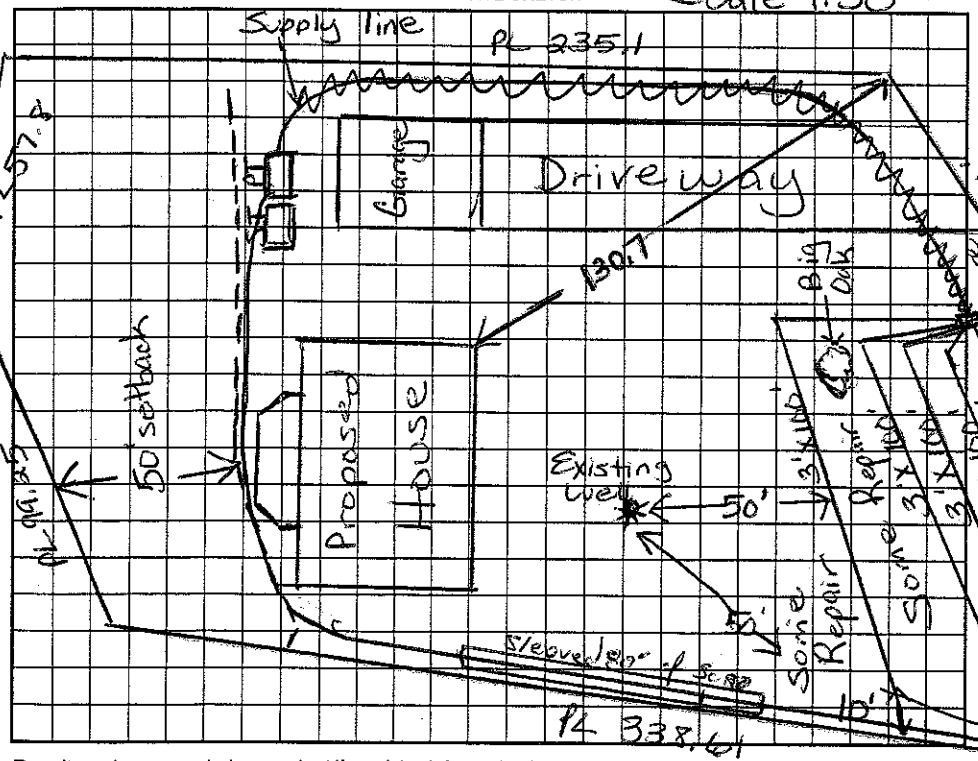
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

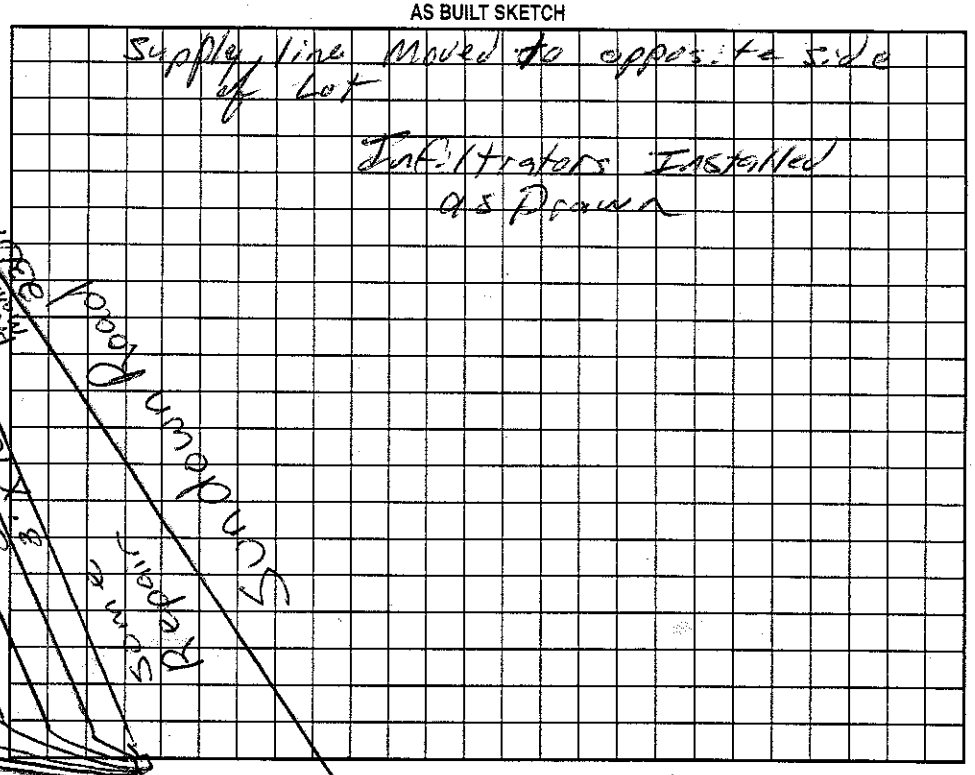
Comments:/Conditions: Keep Septic System at least 10' from PL, 50'-100' from well & 50' from lake. Also keep Supply line 5' from PL.

Comments:/Conditions: Alarm Elect. 4/16/04 MH

INITIAL SITE SKETCH Scale 1:50'



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: Paul Hall date _____

Improvement Permit by: Maria H. Dotson RS date 5/5/03

Authorization to Construct by: Maria H. Dotson RS date 5/5/03

Installed by: A-1 Backhoe

Operation Permit by: Maria H. Dotson RS date 4/16/04

Existing System Inspection by: _____ date _____

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