IREDELL COUNTY HEALTH DEPARTMENT

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

700.00 Paid 15

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

PERMIT# 089739 PIN# 4646 22 7979 DATE 3/6/01

OWNER OR CONTRACTOR Doug Miller PHONE: Business _____ Home _____

ADDRESS 370 Ponderosa Ct. Mooresville, NC 28115

LOCATION Williamson Rd. S TR Ponderosa Ct. TL Ponderosa Ct. ~ 5 lot on (L)

SUBDIVISION Bonanza BLOCK / SECTION _____ LOT 36 LOT AREA .5 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 9/6/00

Pump Tank: 1000 Gallons; PT 24 Date 2/5/01

Pump Make: ZOELLER Model N-98 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 792 Linear Feet 264

No Lines ~~24~~ 44 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth SAND.

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

System Description: LP - 16" PPBPS

Repair System Description: SAME

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

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

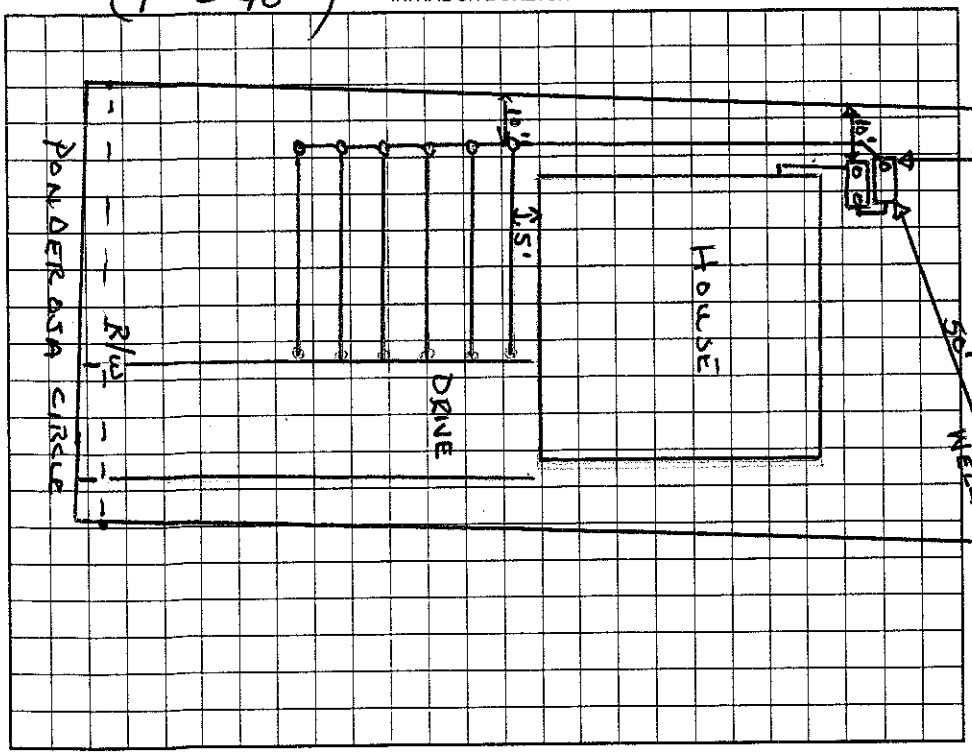
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: 7 lines installed

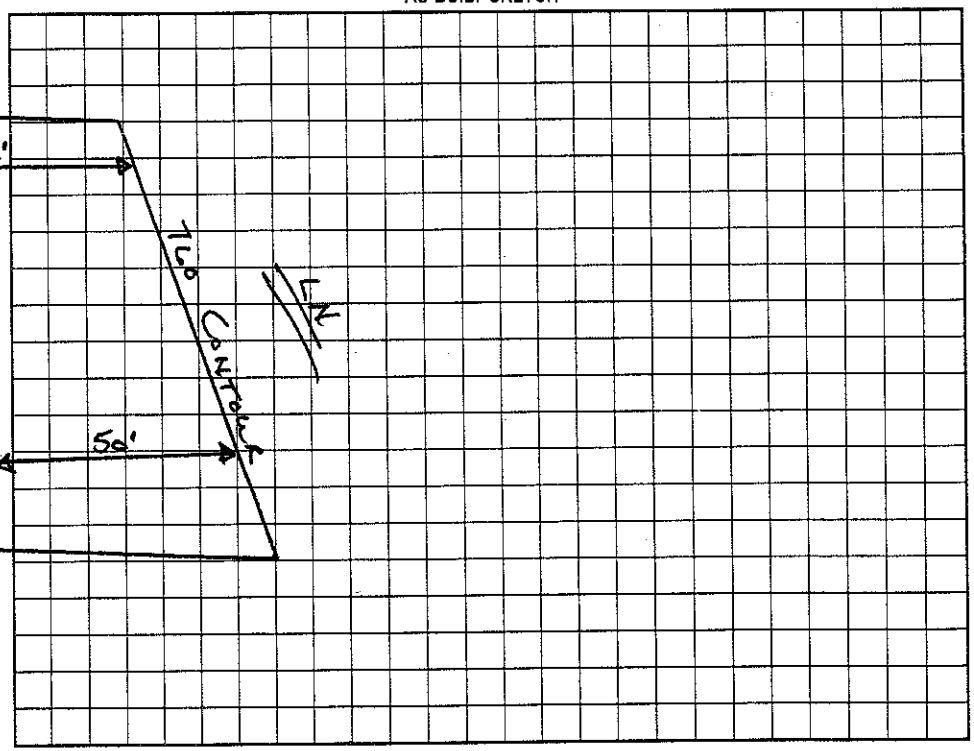
Comments:/Conditions:

(1" = 40')

INITIAL SITE SKETCH



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: * Douglas Miller date 3-7-01

Improvement Permit by: Wesley Sparks RS. date 3/6/01

Authorization to Construct by: Wesley Sparks date 3/6/01

Installed by: Larry Tucker

Operation Permit by: Wesley Sparks RS. date 4/9/01

Existing System Inspection by: _____ date _____

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