IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

2-2-30 E

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

PERMIT# 095746 PIN# 4646 32 7238 4646 32 8307 DATE 5/7/01

OWNER OR CONTRACTOR Jay K White PHONE: Business 704-664-9502 Home

ADDRESS 244 Catalina Rd. Mooresville, NC. 28117

LOCATION Williamson Rd TR Clover Rd TR Catalina Rd. on (R) just past Faith Baptist Church

SUBDIVISION No BLOCK / SECTION LOT LOT AREA .8AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-14-80

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6@67' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: GRAV - CH. PLASTICORHDS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees

☐ Other

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

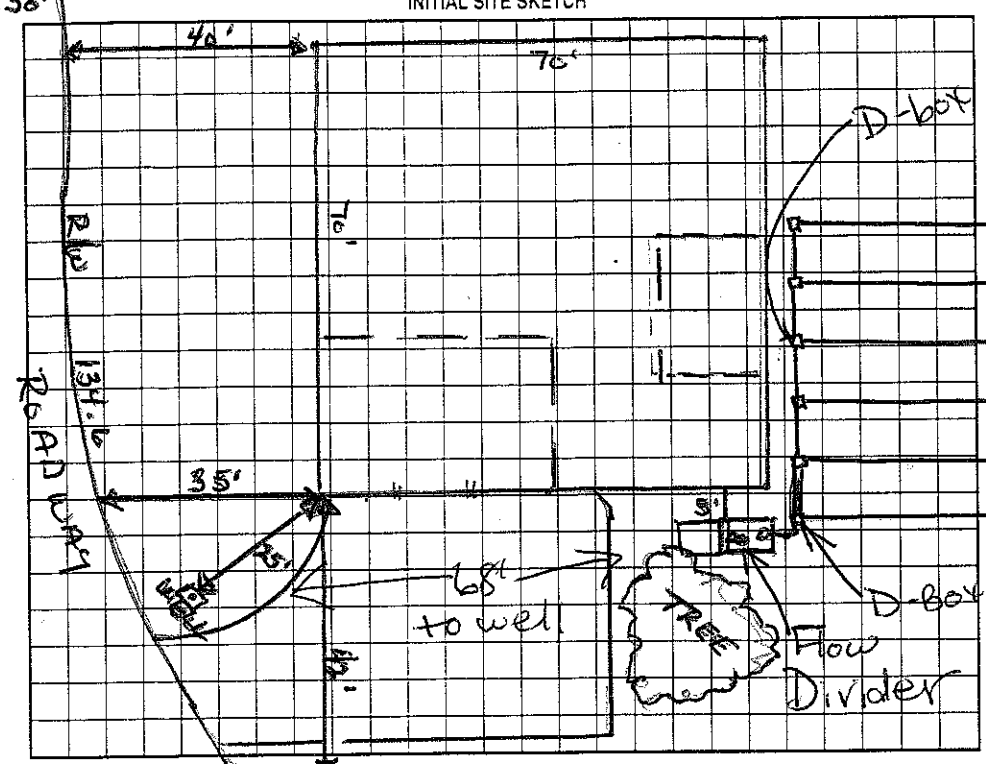
Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions:

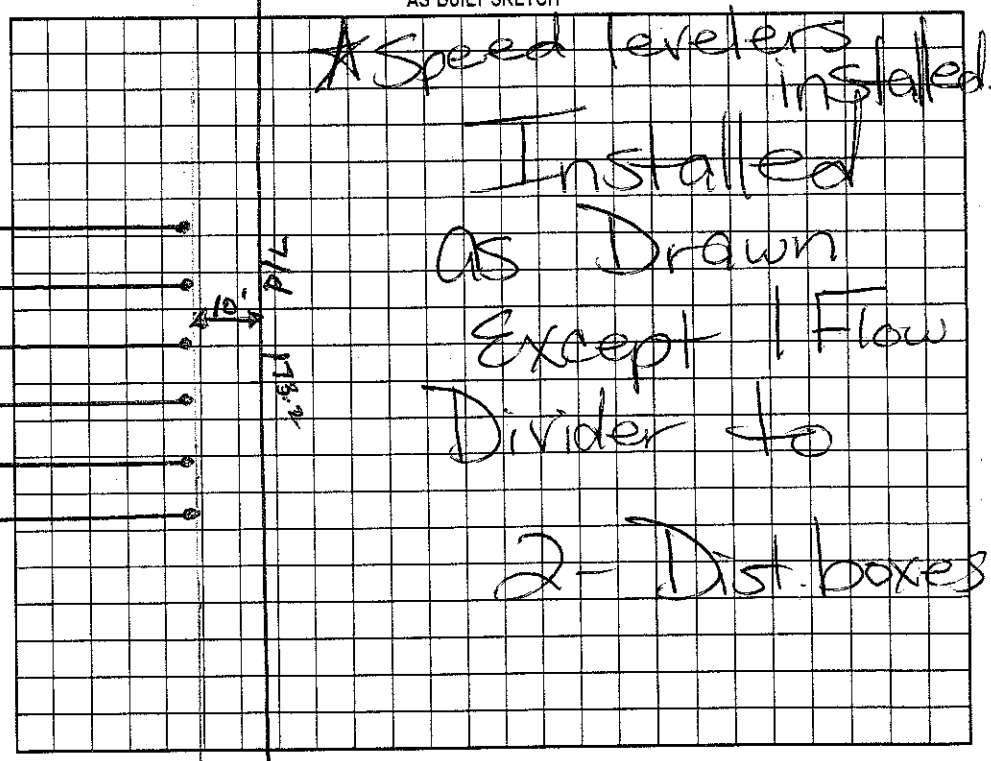
Comments:/Conditions: Flow divider & D-box "Plastic Chamber" Drainfield installed

1" = 30'

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: * Jay K White date 5/8/01 (165.5)

Improvement Permit by: Wesley Sparks RS. date 5/7/01

Authorization to Construct by: Wesley Sparks RS. date 5/7/01

Installed by: Wayne Orbison

Operation Permit by: Wesley Sparks RS date 10/9/2001

Existing System Inspection by: date

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