IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Mooresville 1301/114247 PIN# 4646-55-9056 DATE 11/14/01

OWNER OR CONTRACTOR Jerry & Pam Liner PHONE: Business _____ Home 664-8953

ADDRESS 109 Beach Ln. Mooresville NC 28117

LOCATION 2/5, TR Alcove, on Corner of Cobble Cove ~~74 Alcove~~ 101 Cobbler Cove Rd.

SUBDIVISION Hager Property BLOCK / SECTION _____ LOT 41 LOT AREA 0.478 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: 1000 Gallons; PT 27 Date _____

Pump Make: ~~Zoeller~~ Zoeller Model E294 Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____

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

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

System Description: Pump to Existing Sys.

Repair System Description: Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

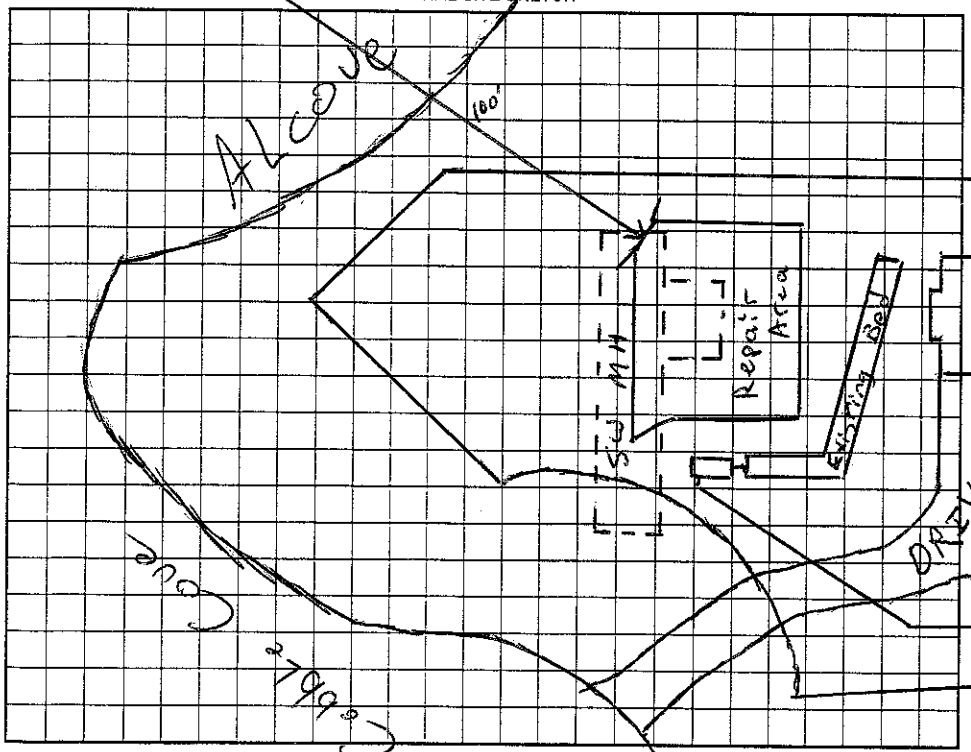
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

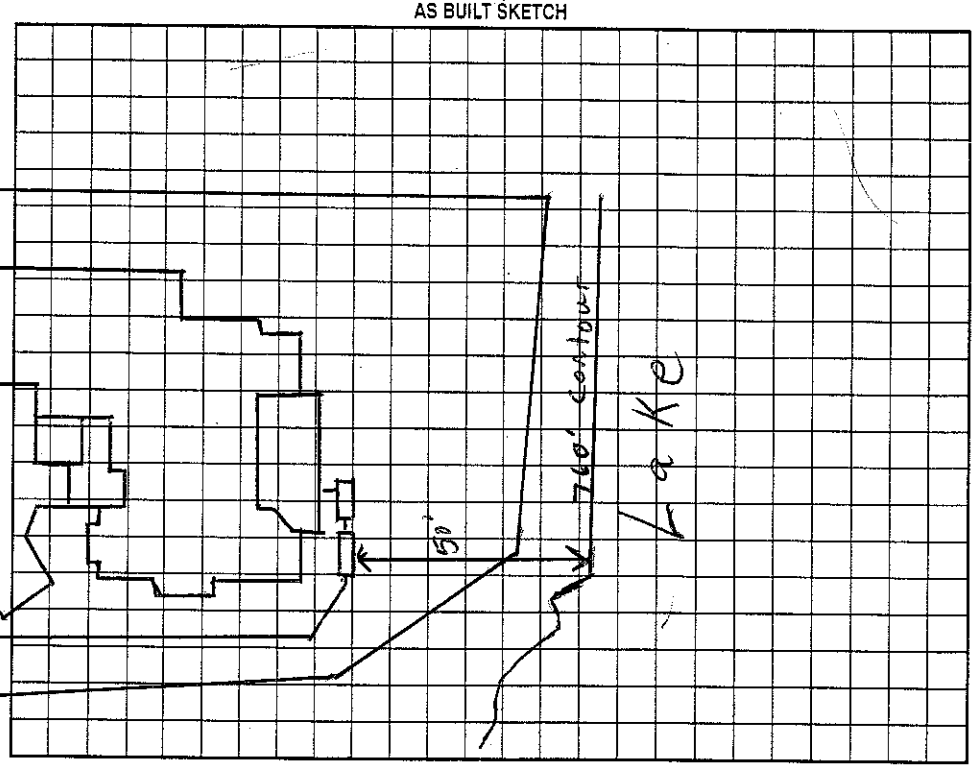
Comments:/Conditions: Single wide can use Existing System while house is being Built.

Comments:/Conditions: Single Wide needs to be removed once house is built

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: Pam Liner date 11/15/01

Improvement Permit by: RSI date 11/14/01

Authorization to Construct by: RSI date 11/14/01

Installed by: Anderson Plumbing

Operation Permit by: RS date 11/8/04

Existing System Inspection by: _____ date _____

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