IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (0) MOORESVILLE 704-664-5281

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

PERMIT# 119695 PIN# 4646646 0992 (JEFF Lewis) DATE 3-31-04

OWNER OR CONTRACTOR Bryant Hager PHONE: Business 622-2725 Home 463-2936 / Bryant 715 Cell 662-2061

ADDRESS 120 Bear Run Circle Mooresville, NC 28117

LOCATION Hwy 21 S. TR Alcove Rd past Trailer park on right #758 Alcove

SUBDIVISION Jay Hager BLOCK / SECTION ____ LOT 60 LOT AREA .47 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ____

Septic Tank ~~Exist. 1000~~ Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width Existing Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Conventional (Bed)

Repair System Description: * Pumped

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

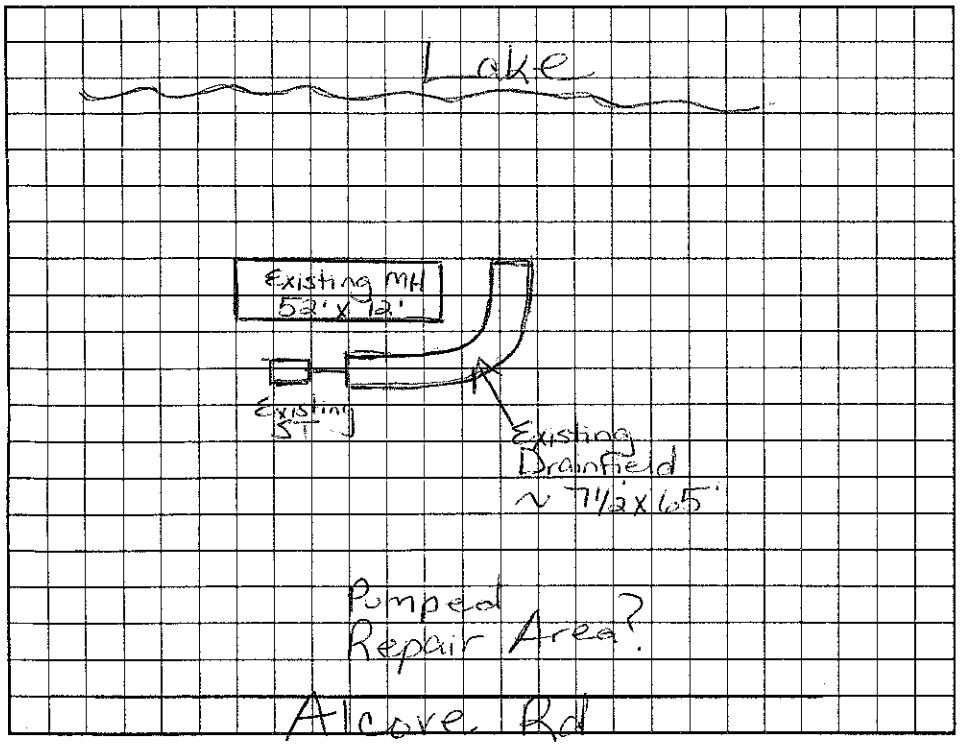
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems noticed.

Comments/Conditions: * Lot deeded prior to 1983. Keep new home's (foundation) at least 5' from Septic System.

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: ____ date 4-19-04

Improvement Permit by: Maria H Dotson BS date 4/1/04

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria H Dotson BS date 4/1/04

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