IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1845 PIN# 4646641864 DATE 9/21/2001

OWNER OR CONTRACTOR Lannie & Kathi Mills PHONE: Business 359-1531 WK Home (704) 664-9558 Cell 336-749 1162

ADDRESS 762 Alcove Rd Mooresville 28117

LOCATION Williamson Rd TR Alcove (next to Food Lion) past Hagers Mtt Park on right

SUBDIVISION Hager's Pt BLOCK / SECTION ____ LOT 7 LOT AREA ____ SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. ____

Existing

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: Existing Pump-Conventional

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No Grandfathered Not Initially

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

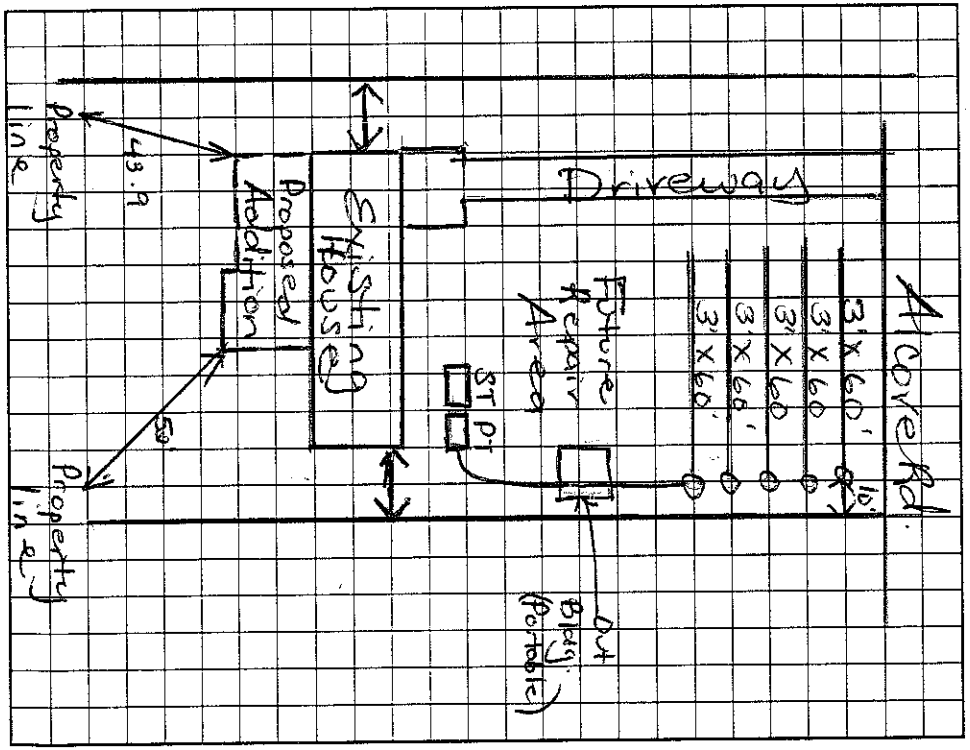
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems Noticed. Did recommend system have maint. done.

Comments:/Conditions: Septic System sized for 3 Bedrooms Addition won't be over system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Original permit attached

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: X Kathy Mills date 9/21/01

Improvement Permit by: Maria H. Dotson RS date 9/20/2001

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria H. Dotson RS date 9/20/2001

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