IREDELL COUNTY HEALTH DEPARTMENT

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

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

$100

PERMIT# 137822 PIN# 4646 65 3347 DATE 5-4-07

OWNER OR APPLICANT Ray Kelly PHONE: Business _____ Home _____

ADDRESS PO Box 3276 Mooresville 28117

LOCATION Williamson & Bridgewater, on Right 284 Bridgewater Ln

SUBDIVISION Bridgewater BLOCK / SECTION _____ LOT 3 LOT AREA .912 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 313 Date 4-4-07

Pump Tank: 1000 Gallons; PT 283 Date 4-7-07

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 @ 60 Trench Width 24 inch Max Trench Bottom Depth 36"

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

System Description: LPP Pump 250 gpd

Repair System Description: Sewage LPP Pump

Maintenance Agreement Required: ☐ Yes ☒ No (N/A)

Gravel Depth _____ ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

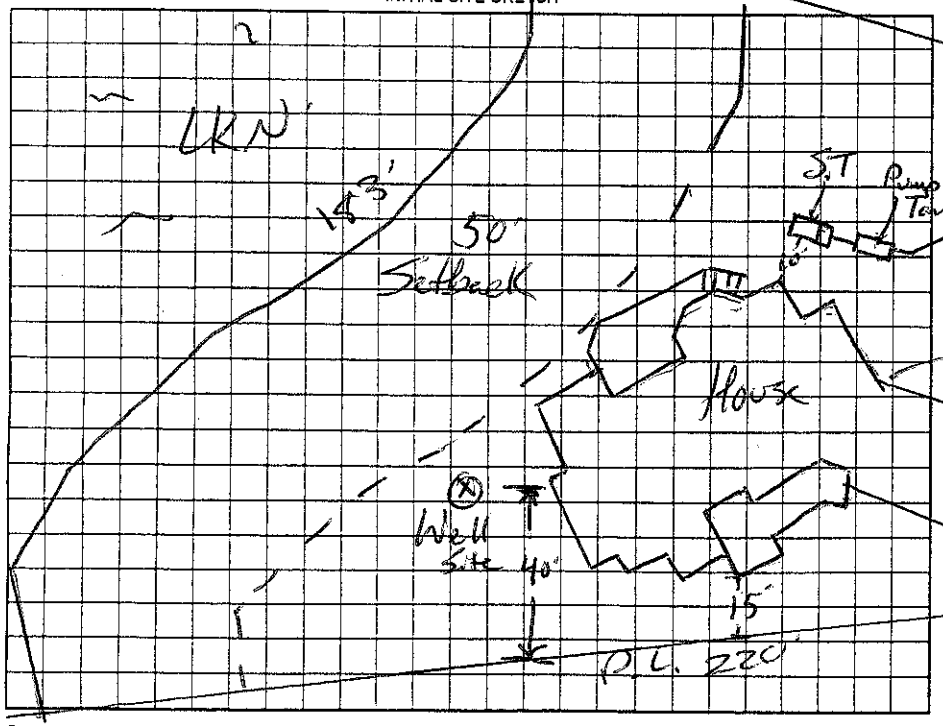
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

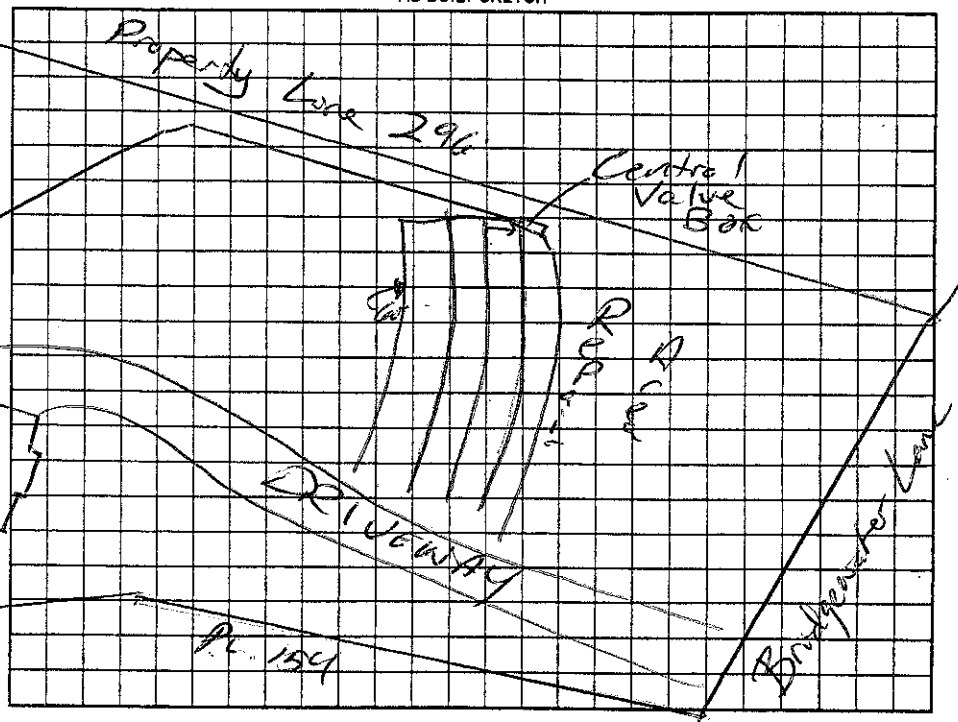
Comments/Conditions: Install on Contour, 10' off Property Line, CVB & supply line can be 5' off P.L. if needed

Comments/Conditions:

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: Michelle Kelly date 5-7-07

Improvement Permit by: John E. Alexander date 5-4-07

Authorization to Construct by: John E. Alexander date 5-4-07

Installed by: Abernathy

Operation Permit by: John E. Alexander date 6-24-07

Existing System Inspection by: _____ date _____

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