IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8461 PIN# 4646 69 7135 DATE 1/12/01

OWNER OR CONTRACTOR Alvin R. Foster PHONE: Business _____ Home 664-1494

ADDRESS 134 Apple Blossom Dr. Mooresville, NC. 28117

LOCATION 1100 Tl Sides Rd. (R) Apple Blossom Dr. 2nd Driveway on (R)

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~1.62Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 240

No Lines 3@80' Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: GRAVITY - CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

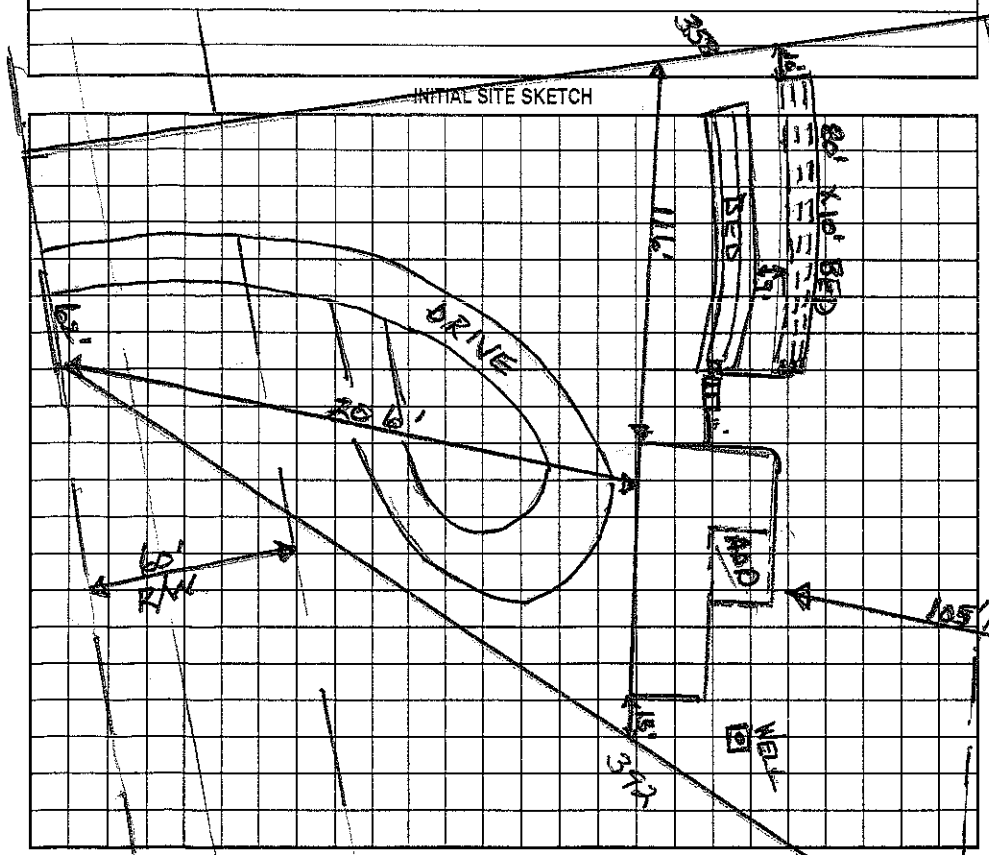
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

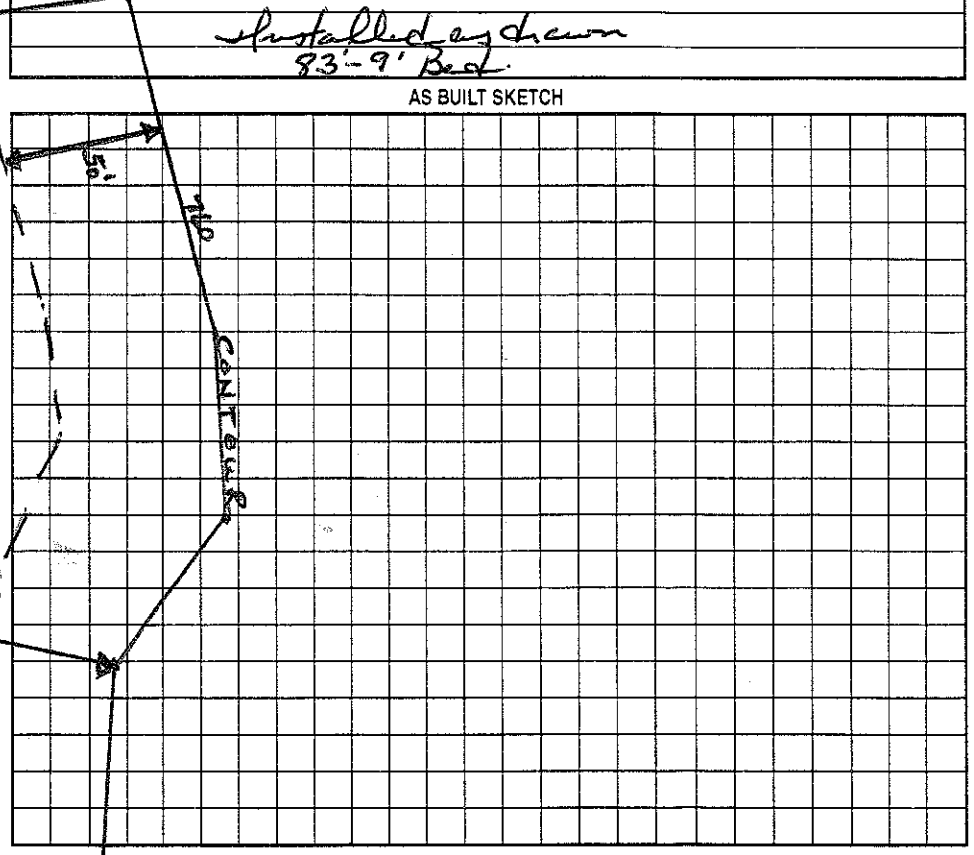
Comments:/Conditions:

Installed as shown 83'-9' Bed.

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: Alvin Foster date _____ Installed by: DeWitt Bostian

Improvement Permit by: Wesley Sparks RS. date 1/12/01 Operation Permit by: Wesley Sparks date 5/2/01

Authorization to Construct by: Wesley Sparks RS date 1/12/01 Existing System Inspection by: _____ date _____

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