330

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 077306 PIN# 4646 78 7555 DATE 12/6/00

OWNER OR CONTRACTOR Tomas R. Cruz PHONE: Business 201-5514 Home

ADDRESS 116 Island Forest Ln. Mooresville, NC. 28117

LOCATION Brawley Sch. Rd. to Dobbs Rd. first sign to 4th lot on (L)

SUBDIVISION Dobbs Cove BLOCK / SECTION LOT 4 LOT AREA ~.93 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10/2/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 X
No Lines 5 @ 80' Trench Width 3' Max Trench Bottom Depth 3'

(X) New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: DROP BOX TO 25% reduced X
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

(X) House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

Water Supply: (X) Individual ☐ Public ☐ Community

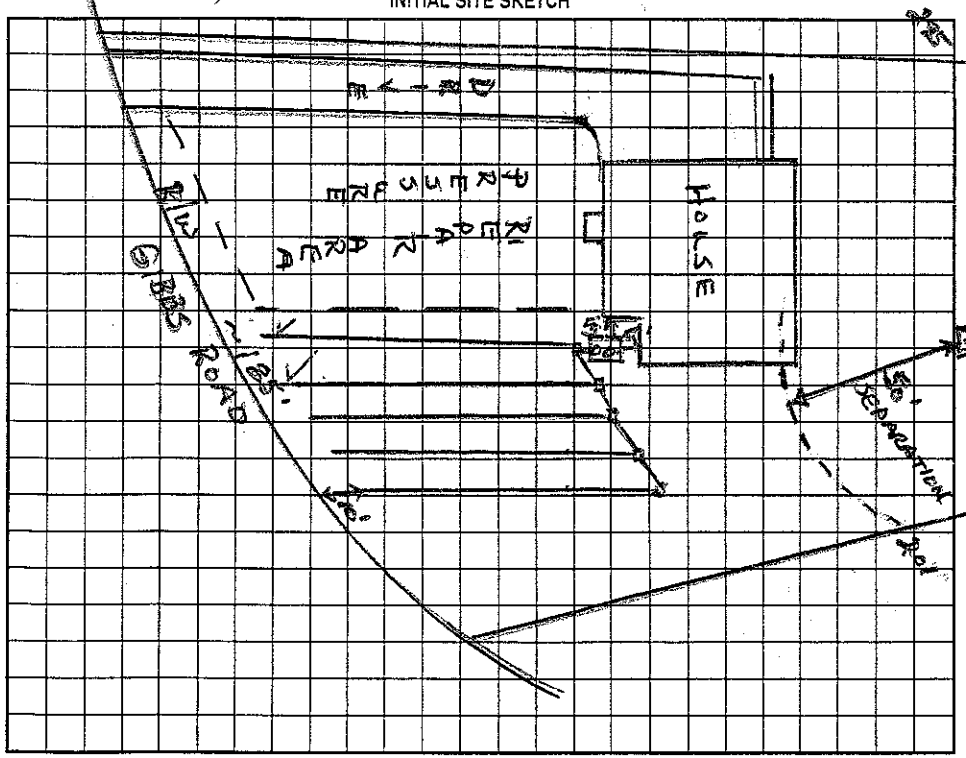
~~Gravel Depth~~ SAND. ☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * DRAINFIELD TO BE CHAMBERED PLASTIC OR EZ FLOW

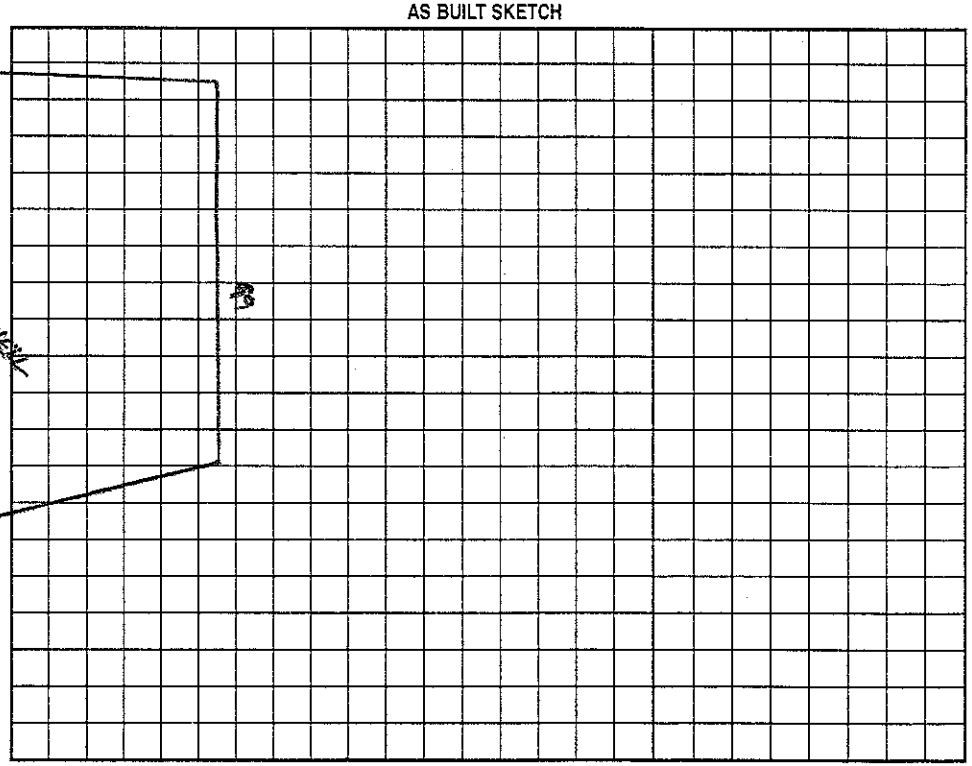
Comments/Conditions: 12/15/00 Checked supplemental line - OK

(1" = 50')

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: Tomas Cruz date 12-8-00 Installed by: Allied Grading

Improvement Permit by: Wesley Sparks RS. date 12/6/00 Operation Permit by: Wesley Sparks RS date 12/18/00

Authorization to Construct by: Wesley Sparks RS. date 12/6/00 Existing System Inspection by: date

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