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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083052 PIN# 4647 40 6874 / ~~4647308783~~ DATE 10/26/99

OWNER OR CONTRACTOR Joan Ammons PHONE: Business _____ Home 664-7772

ADDRESS 417 Williamson Rd. Mooresville, NC. 28117

LOCATION 150 N TL Williamson Rd. on L past Brawley Sch. Rd. intersection

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 312 Date 6-21-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

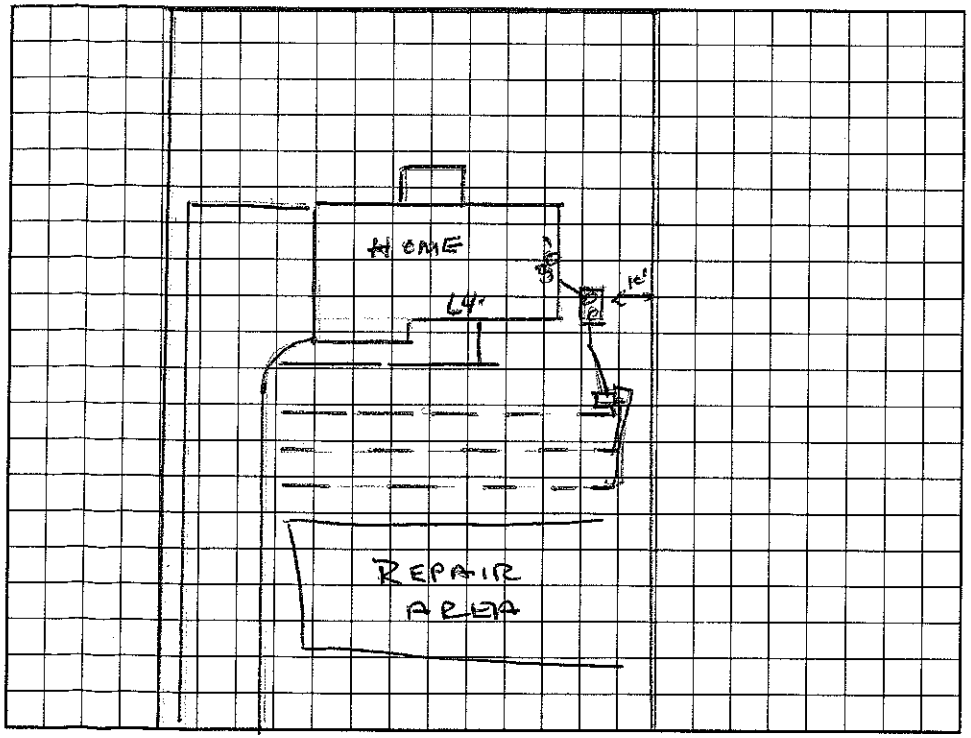
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Comments/Conditions: Riser & Filter
Water Source From Neighboring Well
Installed as Drawn

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: * Joan Ammons date 10/27/99
Improvement Permit by: Wesley Sparks RS date 10/26/99
Authorization to Construct by: Wesley Sparks RS. date 10/26/99

Installed by: Tim Ammons
Operation Permit by: Maria H. Dotson RS date 8/2/2000
Existing System Inspection by: _____ date _____

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