4647-88-8805

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7054 PIN# 4647876975 DATE 10/5/99

OWNER OR CONTRACTOR L. Tyrone Stoner PHONE: Business _____ Home 872-3015

ADDRESS 122 Felicity Ln Mooresville, NC 28117

LOCATION Dates Rd TR Scarlett Oaks near end before curve

SUBDIVISION Scarlett Oaks BLOCK / SECTION I LOT 1 LOT AREA Acreage SITE CLASS. EX DESIGN FLOW 360gpd L.T.A.R. Existing

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 80'

No Lines Bed Trench Width 3-5' Max Trench Bottom Depth 24-36" Gravel Depth _____

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

System Description: Existing Gravity-Convection

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

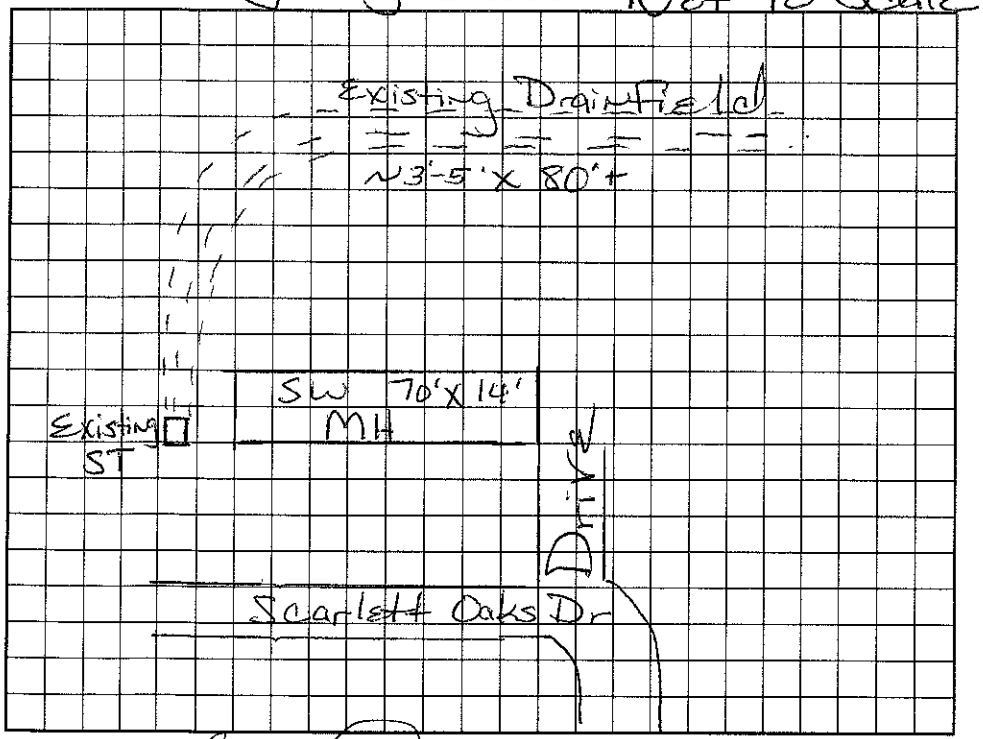
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions: Keep New MH at least 5' From Existing Septic System, Existing Septic System Appears to be functioning okay at time of inspection

Comments/Conditions: No problems noticed with Septic

INITIAL SITE SKETCH Not to Scale



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: _____ date _____

Improvement Permit by: Maria H. Dotson R.S date 10/5/99

Authorization to Construct by: Maria Dotson date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dotson date 10/5/99

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