New R# 79169 (10:00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25647 PIN# 2P-B-21 pt 4648 12 4372 DATE 3/16/99

OWNER OR CONTRACTOR Richard Stutts PHONE: Business _____ Home 664-5664

ADDRESS 996 River Hwy Mooresville NC 28115

LOCATION ISOW - TR Bluefield - TL Big Indian loop - Toward Lake on Left

SUBDIVISION Joe Stutts BLOCK / SECTION _____ LOT 1- LOT AREA 1.005 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2/3/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

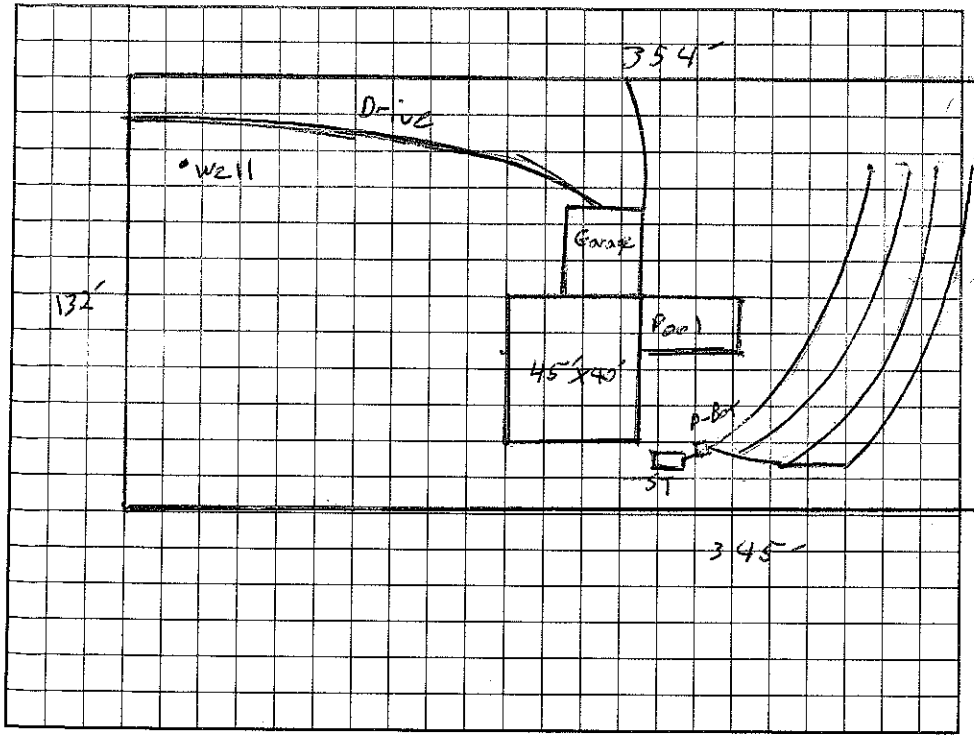
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

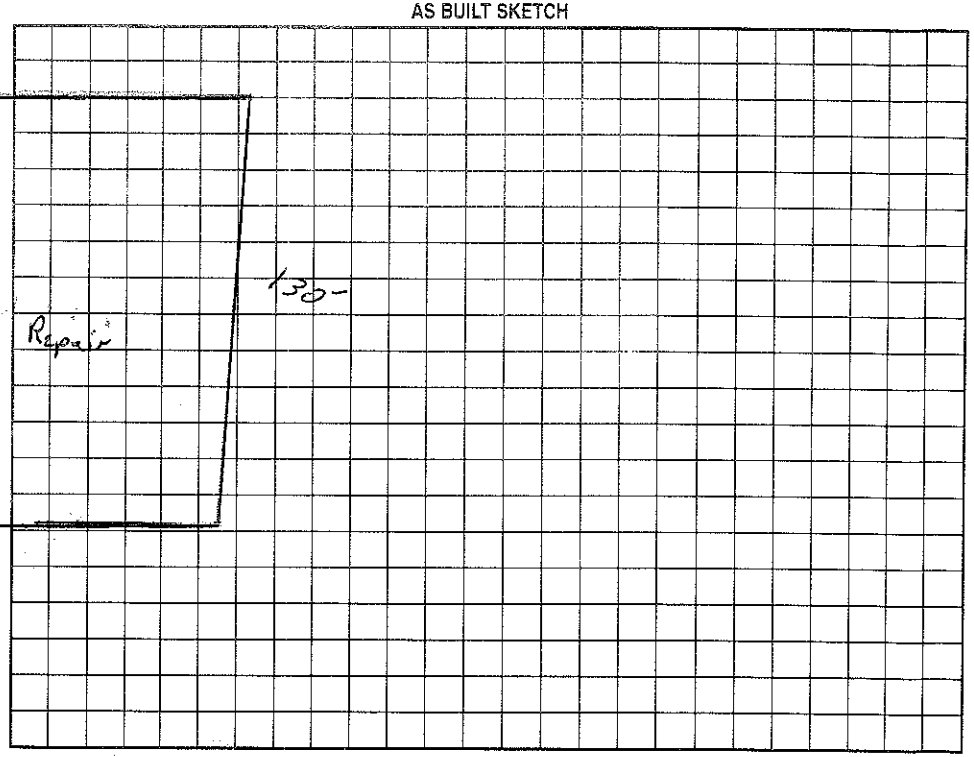
Comments:/Conditions:
Keep Septic 5' off House & 10' off of PL
" " 15' off Pool
Install lines on contour
Well 50' min off Septic

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1=60'



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: Melissa Stutts date 3-18-99 Installed by: STEVE JORDAN

Improvement Permit by: Jeff Morgan date 3/16/99 Operation Permit by: C. [signature] RS date 7/23/99

Authorization to Construct by: Jeff Morgan date 3/16/99 Existing System Inspection by: _____ date _____

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