IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126050 PIN# 4648 24 7317.000 DATE 2/11/05

OWNER OR CONTRACTOR Michael J. + Jane Conway — Mark Hanson PHONE: Business _____ Home _____

ADDRESS 589 Big Indian Loop Mooresville, NC. 28117

LOCATION 150' W TR Bluefield Rd. TL Big Indian Lp. straight on L # 589

SUBDIVISION CL+T BLOCK / SECTION 12 LOT 57 LOT AREA .64AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width EXISTING BED Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: EXISTING

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

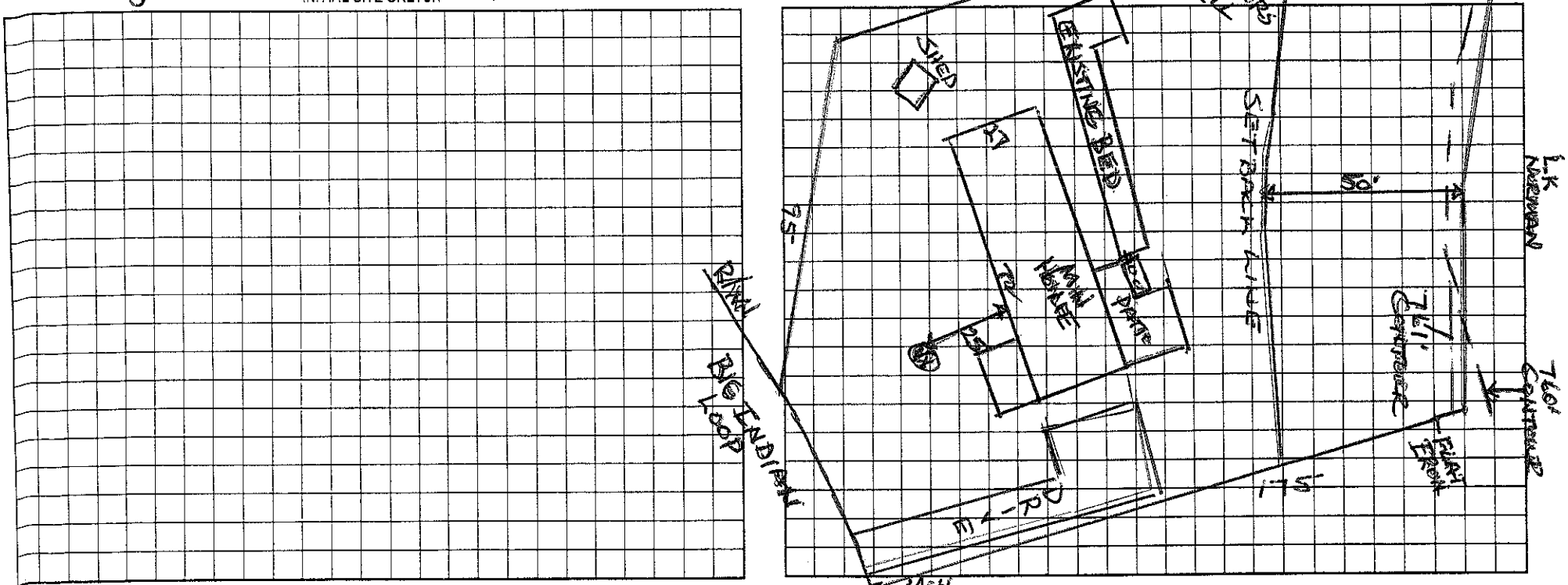
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: This system can only be approved for 3 bedroom home in approximately same position as present home. To increase Bedrooms will need relocating home, well, and installing 16" PPBPS.

INITIAL SITE SKETCH

Comments/Conditions:

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 4-1-05

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 2/11/05

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22770 DATE Nov. 22, '95 TAX MAP NO. 2P6A57 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Walter E. Wallace PHONE: Business _____ Home _____

ADDRESS 179 Fremont Loop, Mooresville USE CA

LOCATION 150N TR Bluefield TL Big Indian Loop

SUBDIVISION Crescent LN BLOCK / SECTION 12 LOT 57 LOT AREA 1.87 AC SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields _____ Square Feet _____ Linear Feet _____

No Lines EXISTING Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other Modular Home

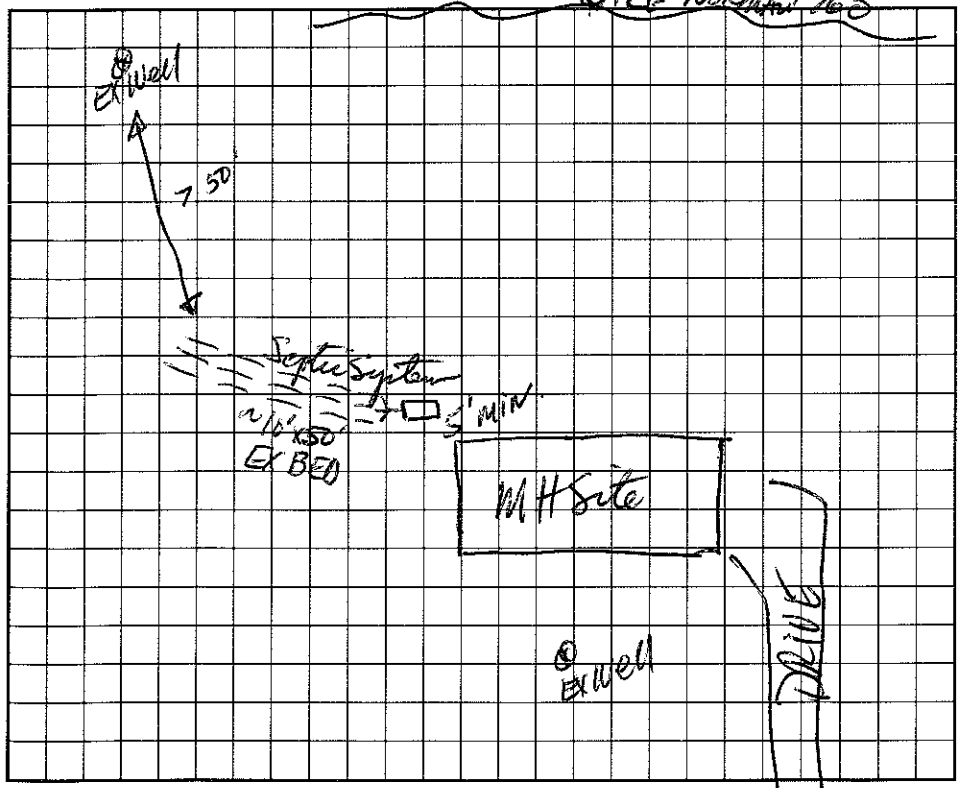
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Existing system showing no sign of malfunction. Replacing Existing 3 bedroom MH with new 3 bedroom Modular New Home NOT on site.

Comments:

INITIAL SITE SKETCH LAKE NORMAN 760



AS BUILT SKETCH

I understand that this 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.

Big Indian Loop

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: J.R. Hinson, RS date 11-22-95 Operation Permit by: _____ date _____

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