IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142728 PIN# ~~4648334343~~ 4648334254 DATE 6-26-07

OWNER OR APPLICANT Tracy Collins PHONE: Business ______ Home 663-7739

ADDRESS 258 Big Indian Loop Mooresville NC 28117

LOCATION Hwy 150 W TR Bluefield Rd TL Big Indian ~1/2 Mile on right @ Cherokee mailbox

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA ______ SITE CLASS. PS DESIGN FLOW 240 gpd T.A.R. ______ #266 on

Existing Septic Tank: 1000 Gallons; STB ______ Date ______
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet Existing Linear Feet ______
No Lines ______ Trench Width ______ Max Trench Bottom Depth ______ Gravel Depth ______

☐ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI
System Description: Existing Gravity - Conventional
Repair System Description: ~~Pump / Innovative~~
Maintenance Agreement Required: ☐ Yes ☒ No
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 2 No. Persons ______ No. Employees ______

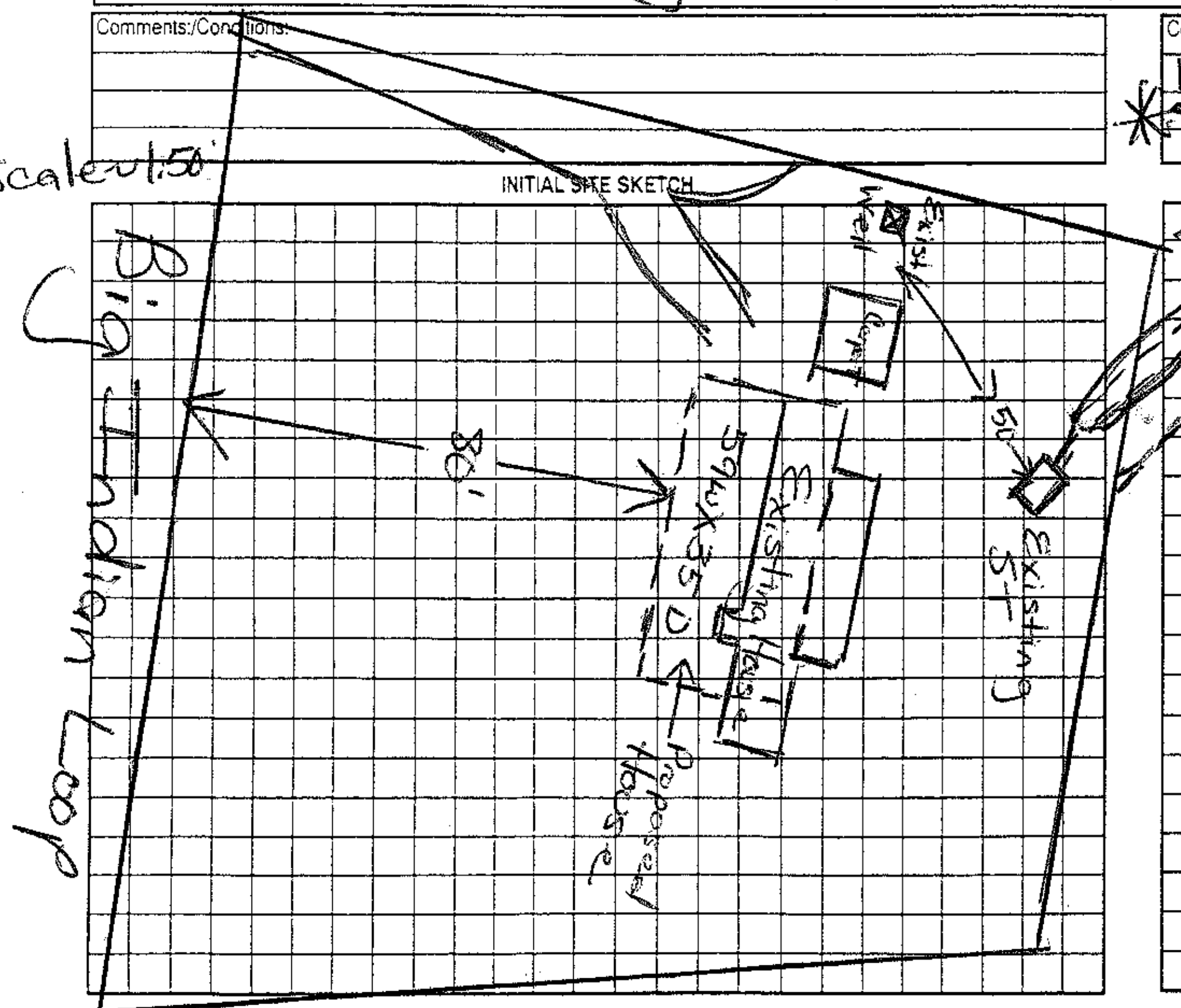
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

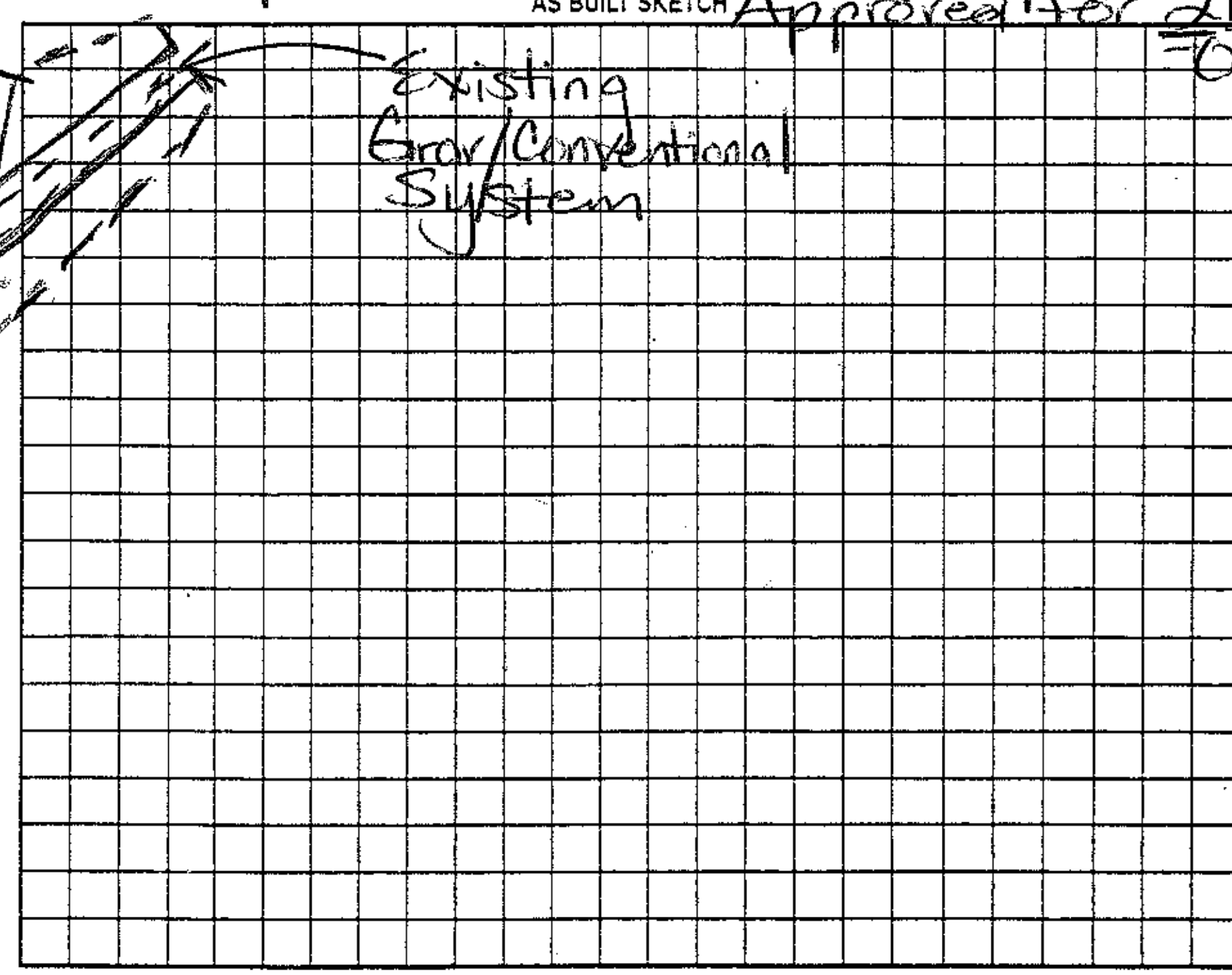
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection
* Septic Easement created to keep Drainfield with parcel when land is split.
Approved for 2 Bedrms Only!

Scale 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: Tracy U Collins date 6-29-07 Installed by: ______

Improvement Permit by: [signature] RS date 6/27/07 Operation Permit by: ______ date ______

Authorization to Construct by: [signature] RS date ______ Existing System Inspection by: [signature] RS date ______

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