Owes Ø

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147965 PIN# 4648973794.000 4648-97-4760 DATE 1/25/08

OWNER OR APPLICANT David Merritt PHONE: Business 704 402-1439 Home 704 664-0961

ADDRESS 181 Pinto Rd. Mooresville, NC

LOCATION Hwy 21 N Tl Cornelius Rd TR Dorothy Ln Last Lot on Right (168 Dorothy Ln)

SUBDIVISION Cornelius Estates BLOCK / SECTION _____ LOT 194 LOT AREA ≈ 2.5 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825-1000 Date 3-3-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3@100 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☑ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☑ Individual ☐ Public ☐ Community

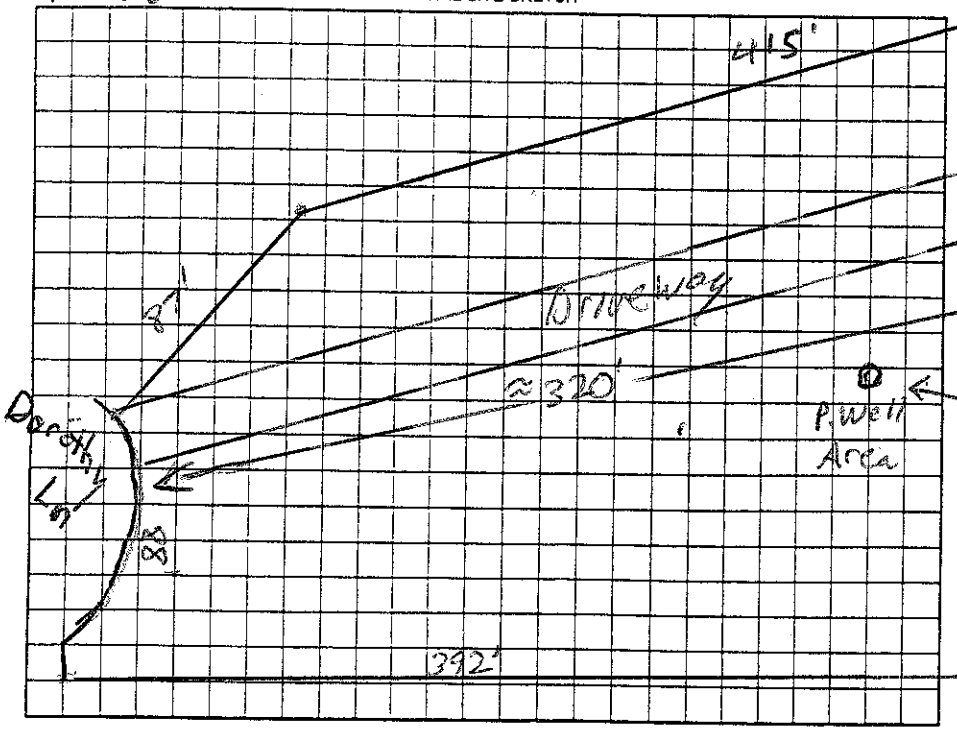
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: * Use drop boxes or a DB w/ Flowleveler if necessary.

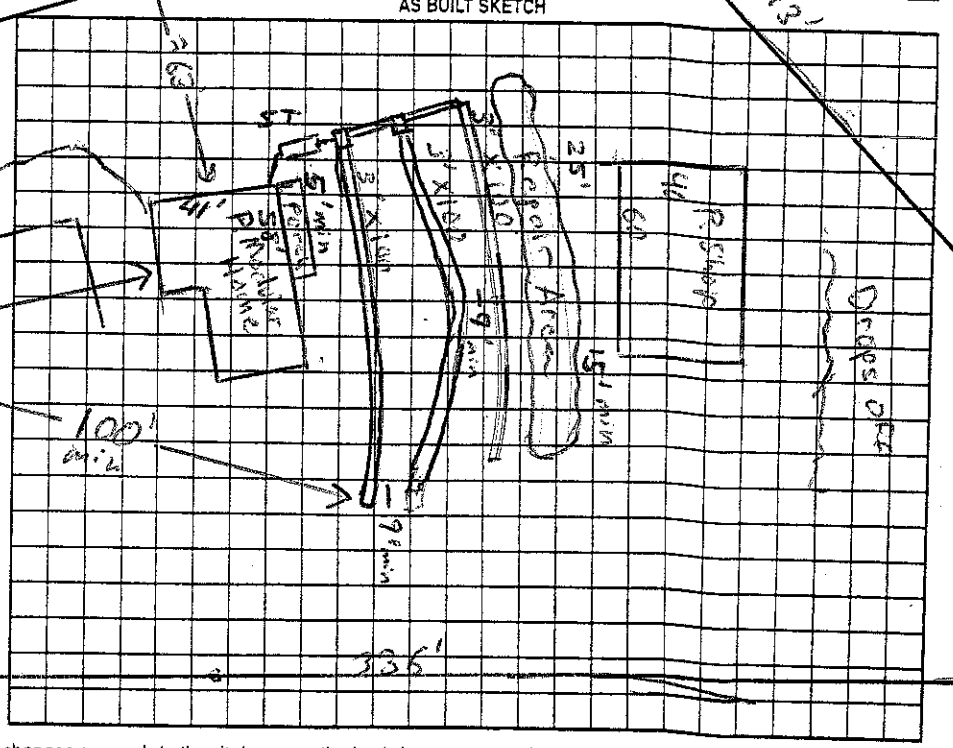
Comments:/Conditions:

1" = 60'

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: Mark Brandon date 3-11-08

Improvement Permit by: Anthony Cohen Jr. date 1/25/08

Authorization to Construct by: Anthony Cohen Jr. date 1/25/08

Installed by: JST Enterprises

Operation Permit by: B-Allig date 4-24-09

Existing System Inspection by: _____ date _____

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