IREDELL COUNTY HEALTH DEPARTMENT

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

280,00 Pd 11:00

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

PERMIT# 10415320 PIN# 4649161705 DATE 2-13-2002

OWNER OR CONTRACTOR Tammy Christie PHONE: Business _____ Home 528-9590

ADDRESS 149 Knotty Pine Rd Mooresville NC 28117

LOCATION Perth Rd TR Knotty Pine (before Fern Hill) On left #149

SUBDIVISION Set S Properties BLOCK / SECTION _____ LOT 12 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .2

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'

No Lines 2-3 lines Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth N/A

Add

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

System Description: Upgrade Gravity-25% Reduction

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

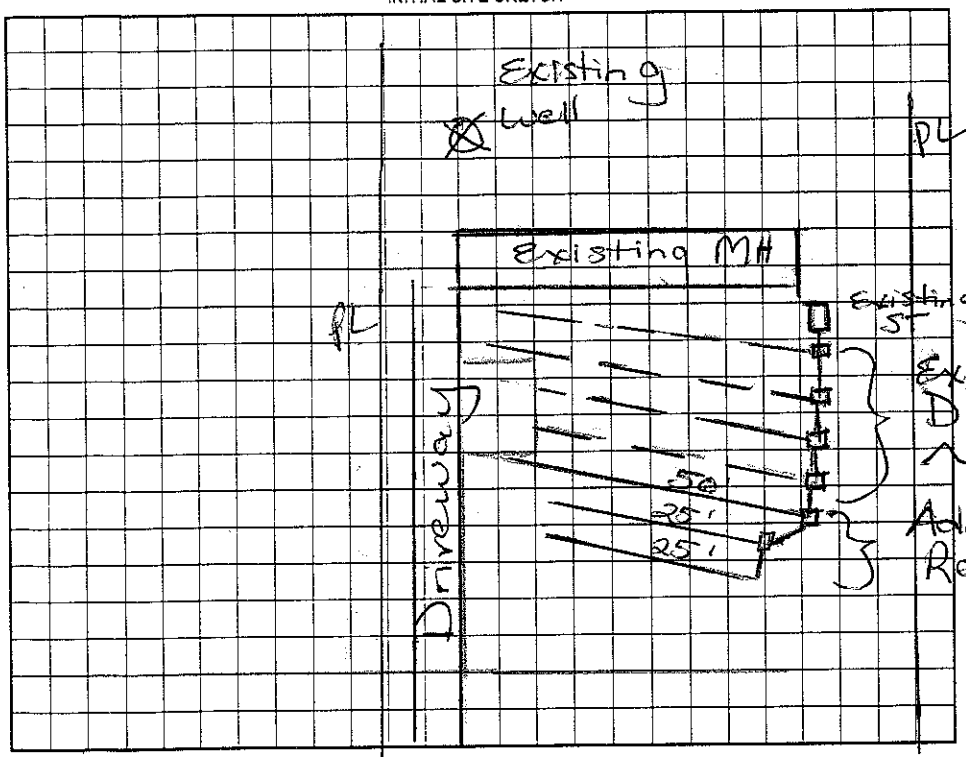
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

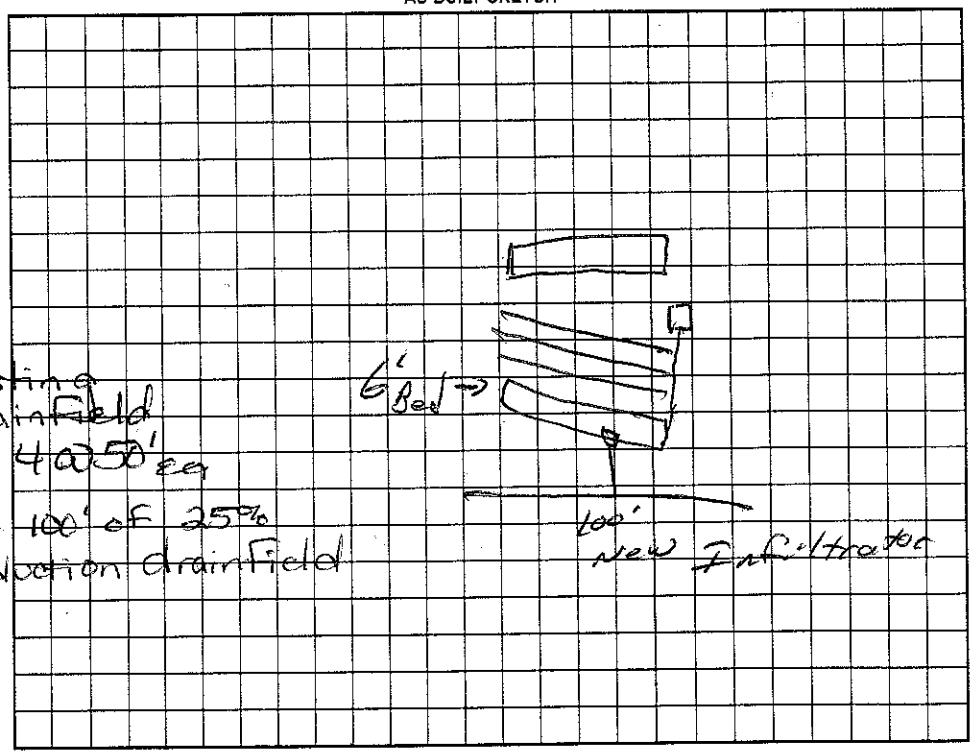
Comments:/Conditions: Existing Drainfield appears to be functioning okay at time of inspection.

Comments:/Conditions: Upgrading from 2 bedroom MH to 3 Bedroom.

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: _____

Improvement Permit by: _____ RS date 2-13-02

Authorization to Construct by: _____ RS date 2-18-02

Installed by: A-1 Backhoe

Operation Permit by: _____ RS date 4/15/02

Existing System Inspection by: _____ date _____

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