4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100455 PIN# 4648799476 DATE 5-21-2001

OWNER OR CONTRACTOR Jerry Neill Sr PHONE: Business Cell 677-2300 Home 6641-1697

ADDRESS 441 Barfield Rd. Mooresville NC 28115 663-5314

LOCATION Hwy 21 N. TL Barfield Rd on left near end

SUBDIVISION _____ BLOCK / SECTION _____ LOT B LOT AREA 1.3 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 3 at 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Modified / Average

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

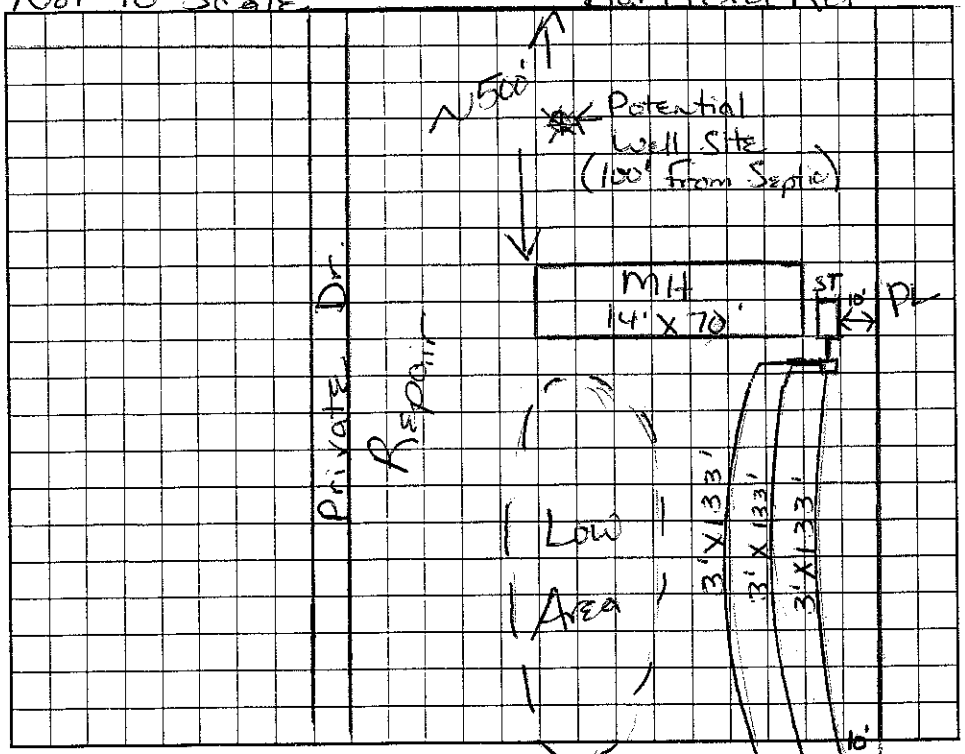
Water Supply: ☒ Individual Shared ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL 5' from MH ★ Must Stay 100' from well with Septic.

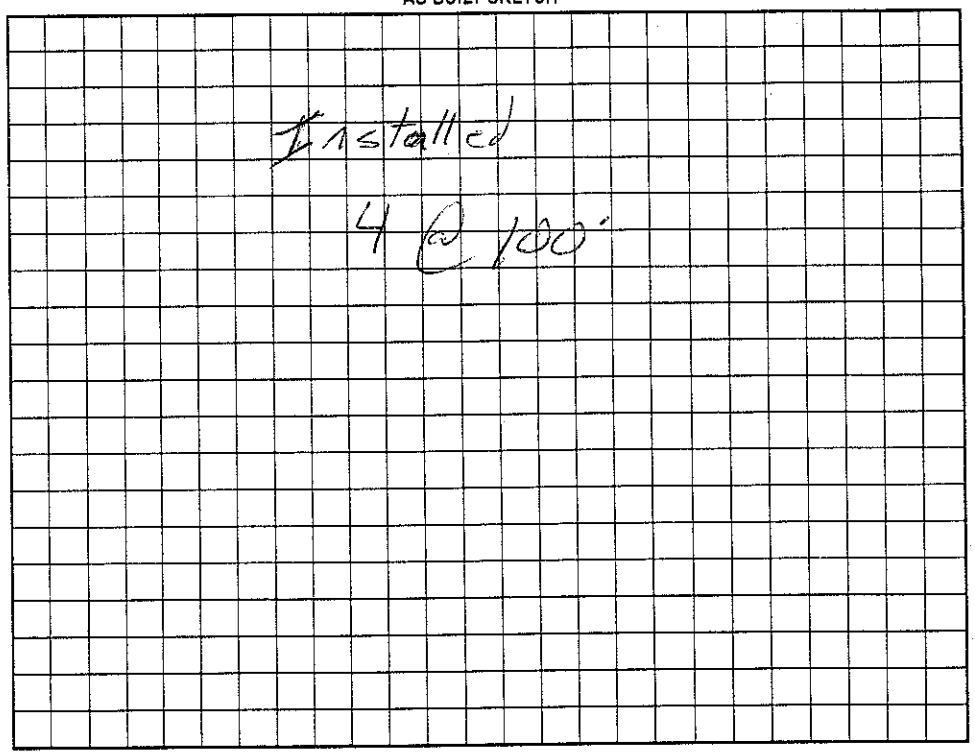
Comments/Conditions: ★ Feather off old farm berms

★ Not to Scale.

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: Jerry W Neill Sr date 5.30.2001

Improvement Permit by: Maint H H Dotson RS date 5/21/2001

Authorization to Construct by: Maint H H Dotson RS date 5/21/2001

Installed by: Bill Belk Backhoe

Operation Permit by: [signature] RST date 10/18/01

Existing System Inspection by: _____ date _____

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