11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81756 PIN# 4649667891 PT 4649774211 DATE 6/4/99

OWNER OR CONTRACTOR PIEDMONT HOUSING / DOUGLAS LUHN PHONE: Business _____ Home 662-8726

ADDRESS 900-701 W WILSON AVE - MOORESVILLE NC 28115

LOCATION 21N - TL FLOWER HOUSE - TL RANKENHILL - TL - ELIZABETH ANN - CORNER OF CRAVER

SUBDIVISION WESTWENDS BLOCK / SECTION 3 LOT 56 LOT AREA .54AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 4012 Date 4-22-99
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" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CHAMBERS OR HOS
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

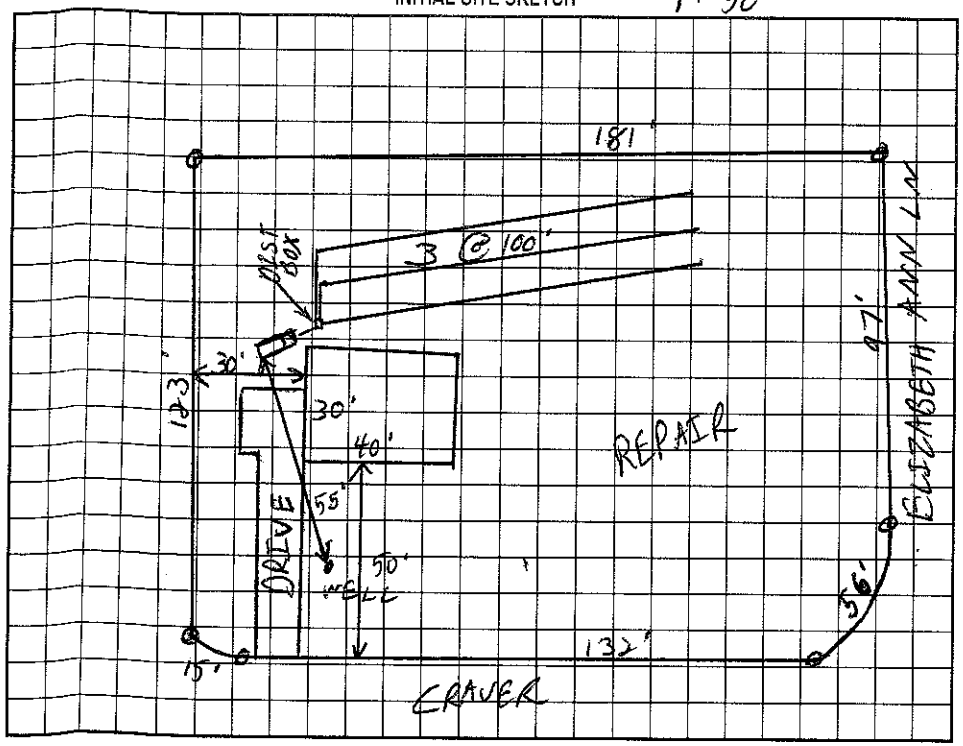
☑ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH 1"=50'



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: * Dennis Ballew date _____

Improvement Permit by: C. Kyle Tew RS date 6/4/99

Authorization to Construct by: C. Kyle Tew RS date 6/4/99

Installed by: A-1 Backhoe

Operation Permit by: Jeff Morgan date 6-7-99

Existing System Inspection by: _____ date _____

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