IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid 4:00 MOORESVILLE 704-664-5281

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

PERMIT# 100454 PIN# ~~4649800184~~ 4649 80 0094 Mooresville DATE 5-21-2001

OWNER OR CONTRACTOR Jerry W. Neill Sr. PHONE: Business Transfer Station Home 663-1697

ADDRESS 441 Barfield Rd. Mooresville NC 28115

LOCATION Hwy 115 N TL Barfield Near end on left.

SUBDIVISION ____ BLOCK / SECTION ____ LOT A LOT AREA 1.93 Acres SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 1007 Date 9/7/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity-25% Reduction

Repair System Description: Modified/Acreage

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

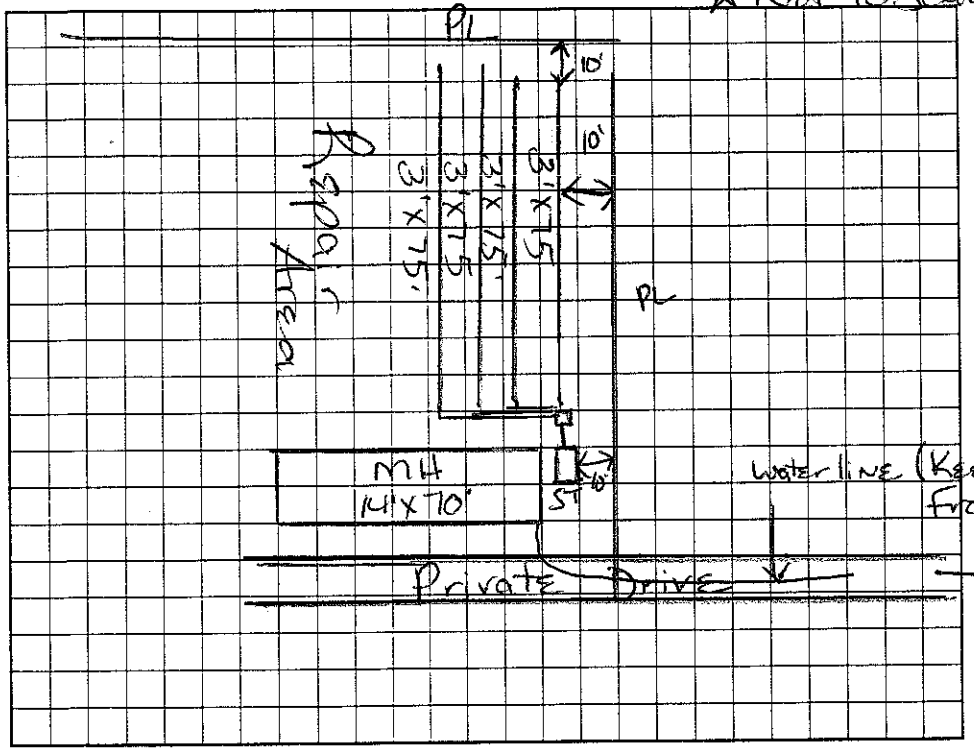
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Shared ☐ Public ☐ Community

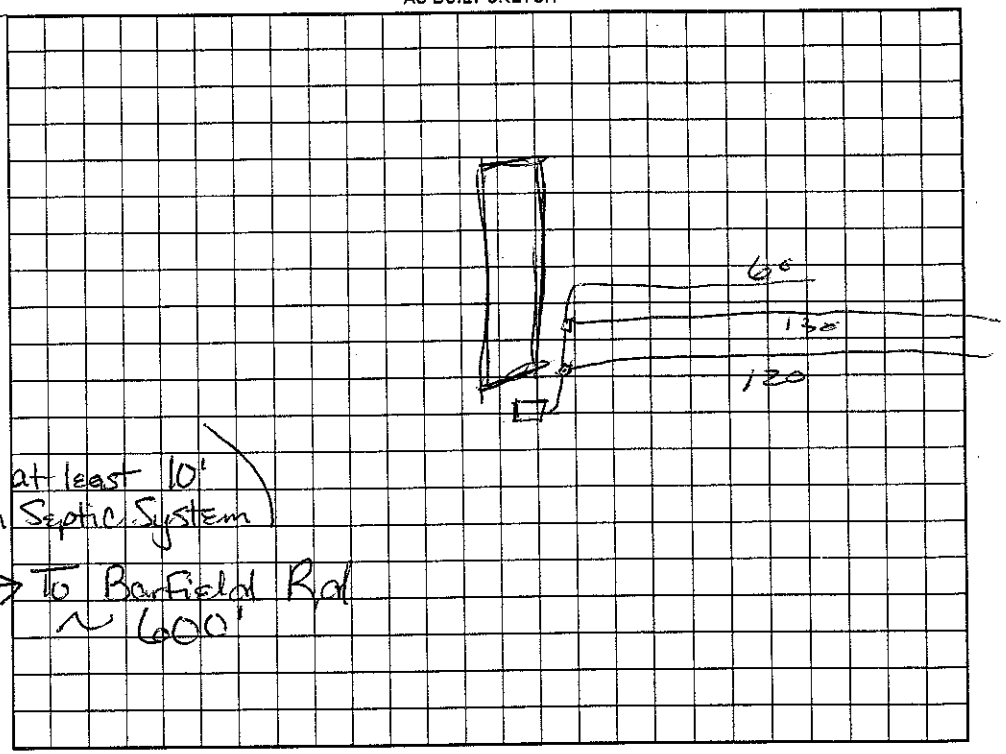
Comments:/Conditions: Okay to install 5 lines at 60' each instead. Keep 10' from PL, 5' from House & 10' from water line.

Comments:/Conditions: ☆ Okay to use Drop boxes instead of D-box.

INITIAL SITE SKETCH ☆ Not to Scale



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 Installed by: Bill Belk

Improvement Permit by: Maria H. Watson RS date 5/21/2001 Operation Permit by: Greg Mahaffey RS date 10/22/01

Authorization to Construct by: Maria H. Watson RS date 5/21/2001 Existing System Inspection by: ____ date ____

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