IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151278 PIN# 4654483042 DATE 6-30-08

OWNER OR APPLICANT Jason Covington PHONE: Business 704-746-4424 Home 704-892-3442

ADDRESS 188 Presbyterian Rd Mooresville NC 28115

LOCATION 115 S TL Presbyterian Rd, 188 on R

SUBDIVISION _____ BLOCK / SECTION — LOT 45 LOT AREA .88 ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7-7-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity 25% Red.
Repair System Description: Gravity 25% Red.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 1
☐ Business No. Employees _____
☐ Other _____

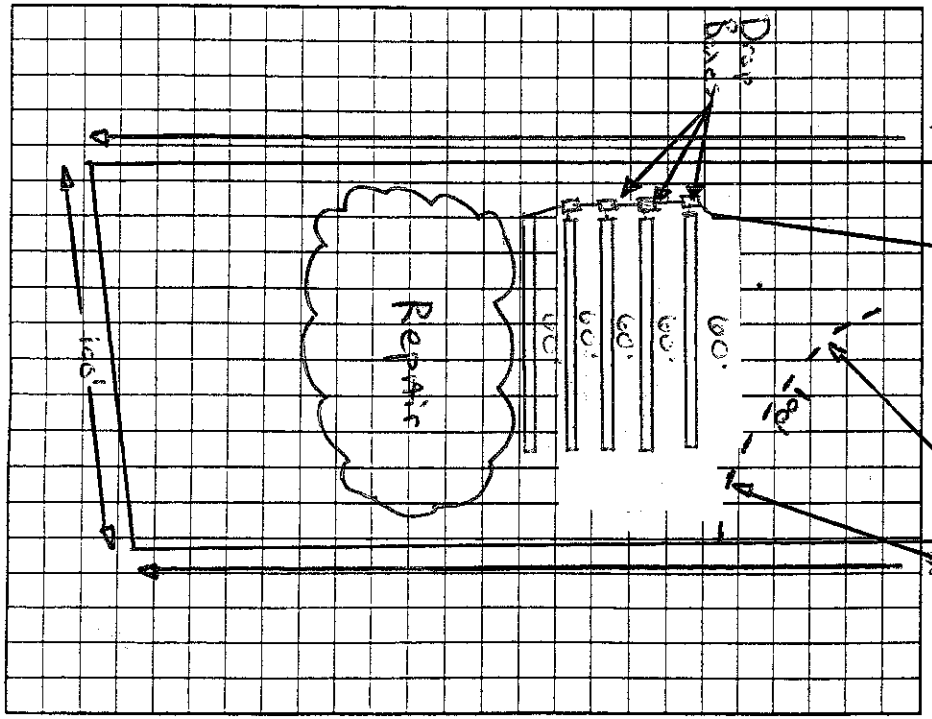
Water Supply: ☒ Individual ☐ Public ☐ Community

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

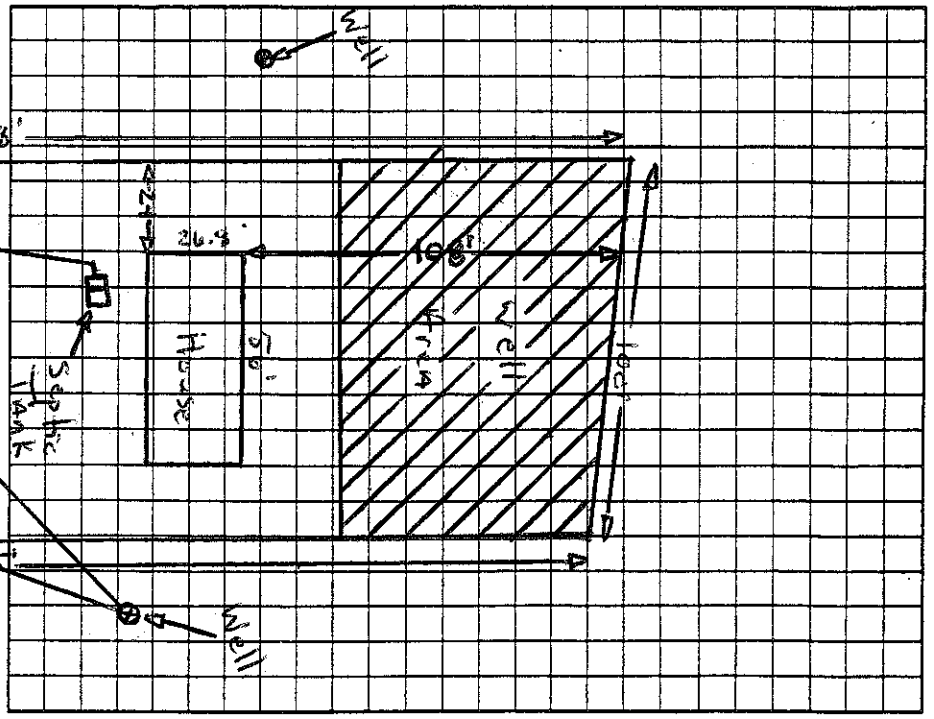
Comments:/Conditions: *Keep drain field min 100' from wells & tank & supply line min 50' * Stay min 10' from house & prop lines with tank & drain lines * May use drop boxes or end caps if chambers are used

Comments:/Conditions: Installed 5@60' SA E-Z Flow

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: Shirley Lanier date _____ Installed by: Propst Landscaping & Septic

Improvement Permit by: B-A date 6-30-08 Operation Permit by: B-A date 8-8-08

Authorization to Construct by: B-A date 6-30-08 Existing System Inspection by: _____ date _____

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