IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 5-6-2000

PERMIT# 089175 PIN# 4654586314 PHONE: Business _____ Home 896-8800

OWNER OR CONTRACTOR William Vanderlip

ADDRESS 253 Presbyterian Rd. Mooresville, NC

LOCATION Hwy 1155 (JC Presbyterian ~ 1 mile on left

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

Septic Tank: 1000 Gallons; STB _____ Date _____

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 12"

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

System Description: EXISTING Gravity-Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12"

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

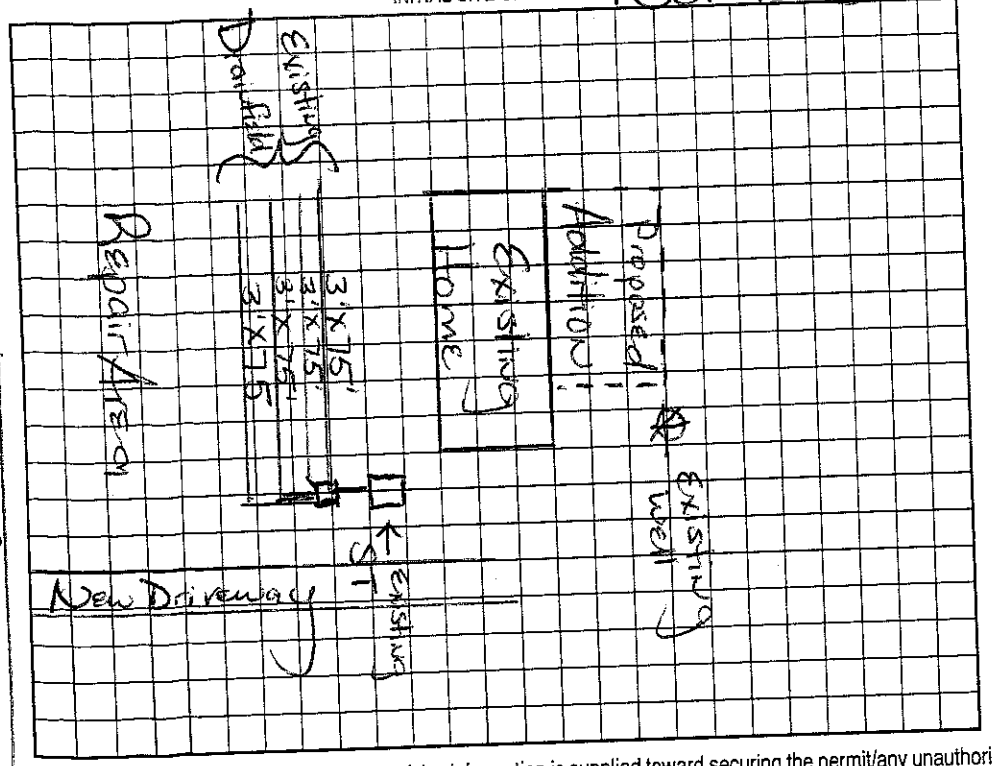
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

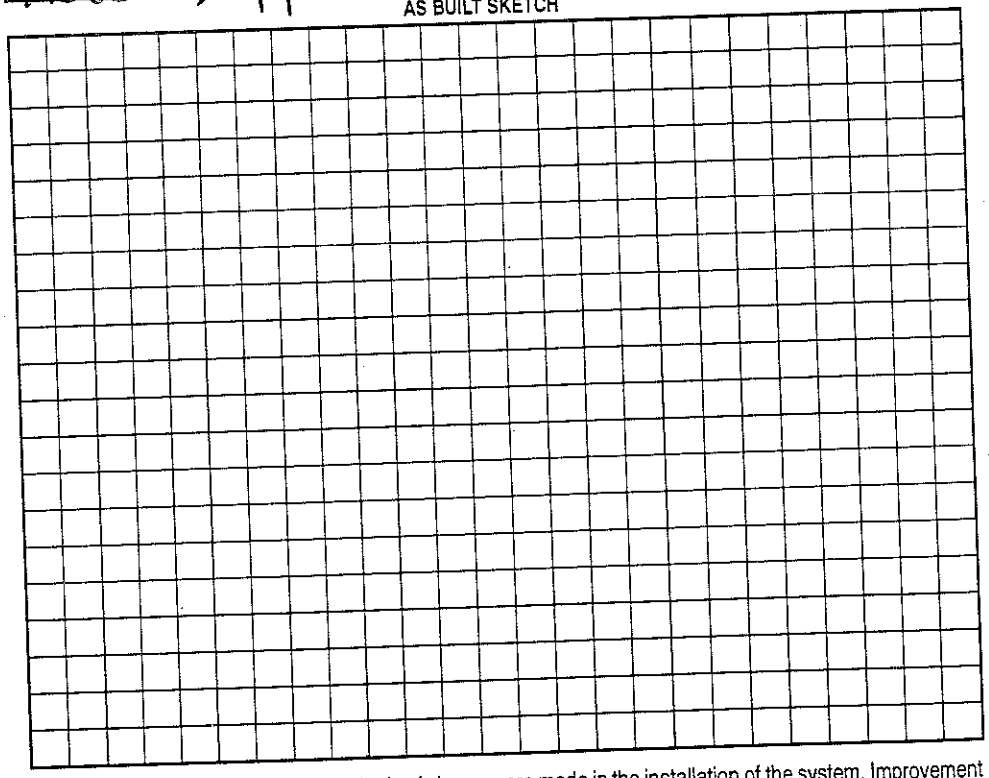
Comments/Conditions: Existing Septic System appears to be functioning at time of inspection, No problems Noticed.

Comments/Conditions: Original Septic System installed in 191 for Gina Mauney. Adding on to Kitchen, moving Bedrooms to back of House. Approved for - 3 Bedroom total

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH



Permit may 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 not 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.

Installed by: _____

Improvement Permit by: Maria H. Dotson R.S. date 5/6/2000

Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Existing System Inspection by: Maria H. Dotson R.S. date 5/6/2000

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

Presbyterian Rd