4655-14-3600

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133457 PIN# 4655 14 6593 DATE 1/27/06

OWNER OR APPLICANT MARY ANN MCCALL PHONE: Business _____ Home _____

ADDRESS 2019 LAKEVIEW CIRCLE CORNELIUS, NC 28031

LOCATION 1155 (L) EASTPORT LN (R) STOP SIGN (EASTPORT LN) LOT AT END CORNER OF EASTPORT AND STARWOOD 105 STARWOOD DR

SUBDIVISION T & J MOBILE HOME PARK BLOCK / SECTION _____ LOT 12 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 GPD L.T.A.R. _____

Septic Tank: EXISTING Gallons: ST8 _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EXISTING Linear Feet EXISTING

No Lines EXISTING Trench Width EXISTING Max Trench Bottom Depth EXISTING Gravel Depth _____

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

System Description: CONVENTIONAL BOS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

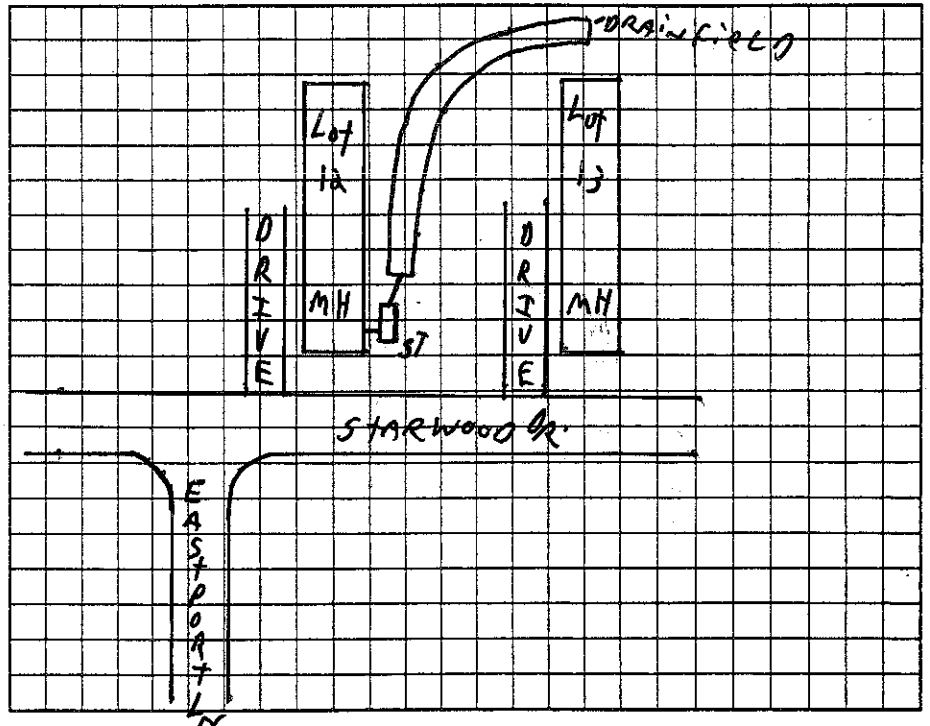
☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: SYSTEM FUNCTIONING AS DESIGNED.

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: _____ date 1-27-06 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 1/27/06

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