IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# N/A 4655175669 DATE 6-20-05

OWNER OR CONTRACTOR Cindy Bell PHONE: Business _____ Home 892-7639

ADDRESS 147 Faith Rd Mooresville, NC 28115

LOCATION Hwy 115 N Faith on left

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

Septic Tank: 1000 Gallons; STB 312 Date 4-27-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

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

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

System Description: Gravity - Conventional

Repair System Description: New ST

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

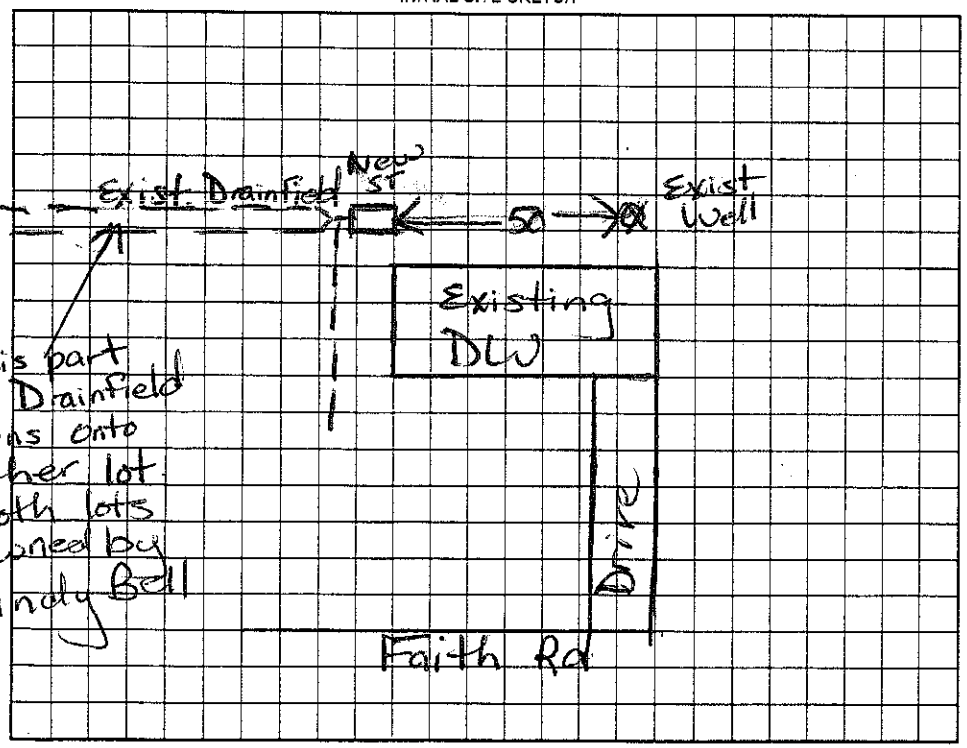
Water Supply: ☒ Individual ☐ Public ☐ Community

Existing

Comments:/Conditions: Installed New ST to replace Collapse ST.

Comments:/Conditions:

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: X Cindy Bell date _____ Installed by: Richard Abernathy

Improvement Permit by: Maria H. Dotson RS date 6/20/05 Operation Permit by: Maria H. Dotson RS date 6/20/05

Authorization to Construct by: Maria H. Dotson RS date 6/20/05 Existing System Inspection by: _____ date _____

Repair

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