IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 878-5305 50.00 Paid 282 3rd 50.00 MOORESVILLE 704-664-5281

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

PERMIT# 090312/122944 PIN# 4655-46-0602 DATE 7/20/04

OWNER OR CONTRACTOR Jamie E. Wallace PHONE: Business 704-363-1490 Home 704-660-1918

ADDRESS 149 Secretariat Dr Mooresville NC 28117

LOCATION 1155, TL Faith Rd, TL Jenny Marie, 2nd on Ct

SUBDIVISION Sorrel Lk BLOCK / SECTION ____ LOT 2 LOT AREA 1.269 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 5-20-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

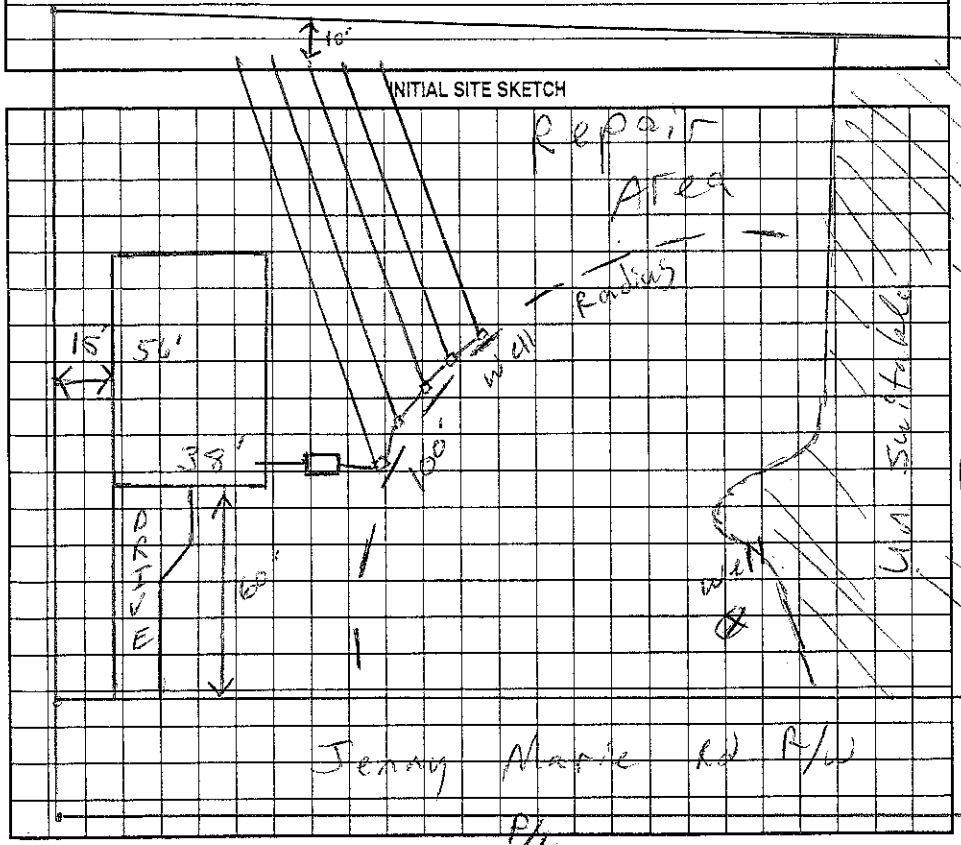
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

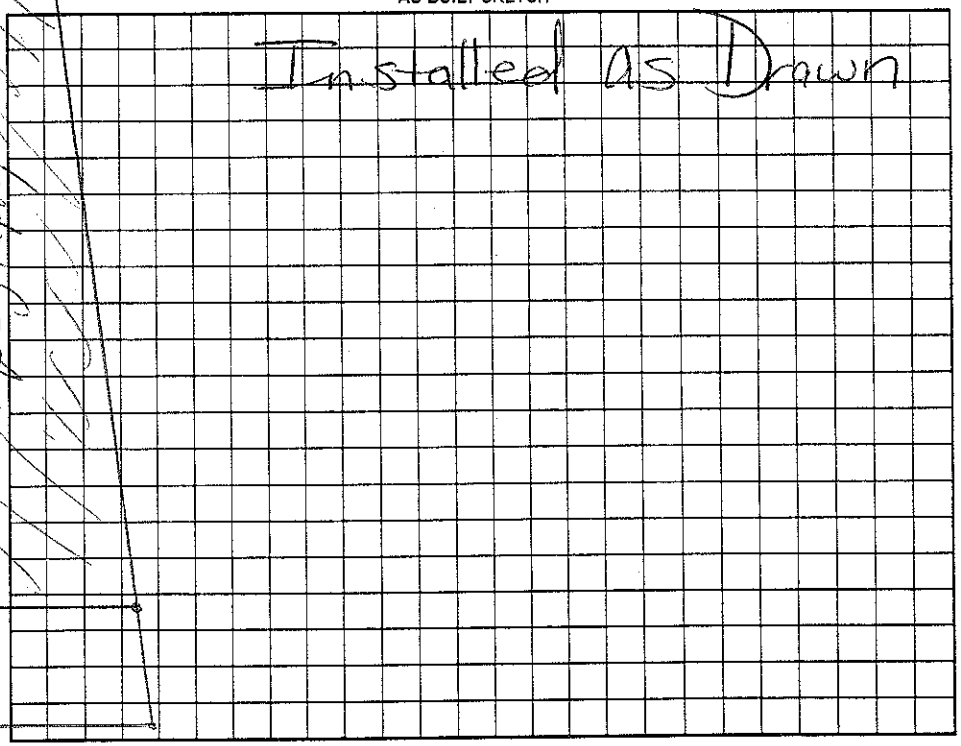
Comments:/Conditions:

Comments:/Conditions: Blue filter installed
Well 100' from Septic
Sub – Rowan Septic

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: Jamie Wallace date 7/20/04

Improvement Permit by: RS date 7/20/04

Authorization to Construct by: RS date 7/20/04

Installed by: Keith Call RS.

Operation Permit by: Maria H. Dolan date 7/22/04

Existing System Inspection by: ____ date ____

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