IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid 11:30 MOORESVILLE 704-664-5281

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

PERMIT# 102459 PIN# 4655-51-3236 DATE 9/21/01

OWNER OR CONTRACTOR William T. Vinson PHONE: Business _____ Home 704-895-5874

ADDRESS 16301 Belle Isle Dr Mooresville NC 28115

LOCATION 1153, TL Faith, TR Midway LK, TR Nance Farm on Lt 125 Nance Farm Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.13 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines 2@60' 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 Add.

Repair System Description: Gravity/Pump Convent.

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

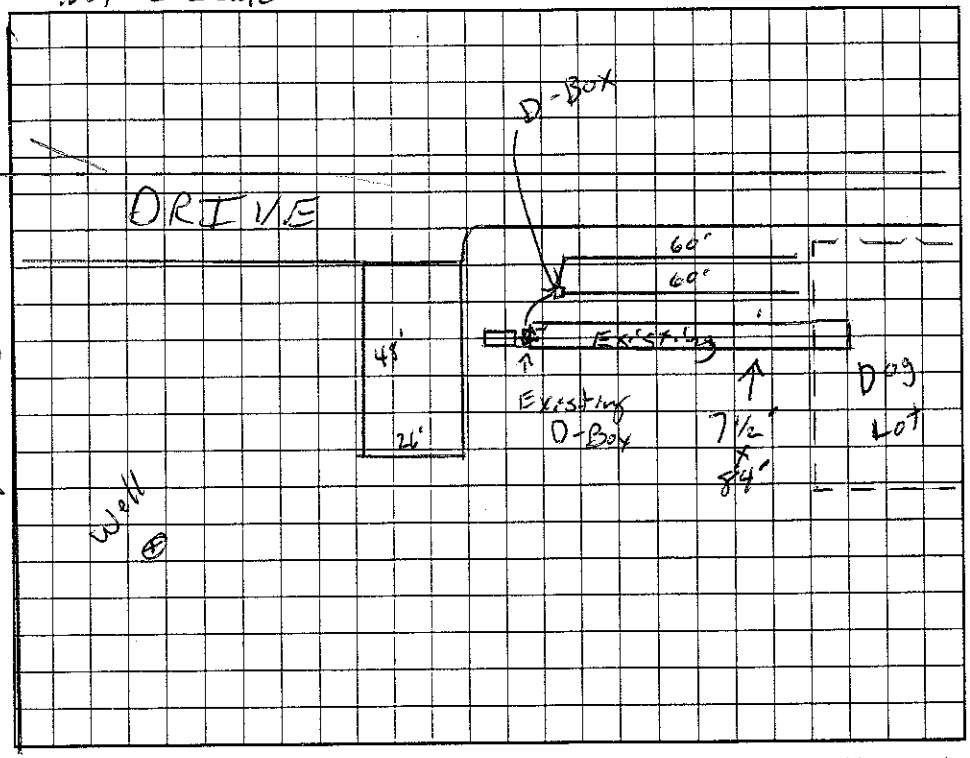
Comments:/Conditions:

Tie New D-Box in With the old D-Box - use Speed levelers to feed New D-Box Last

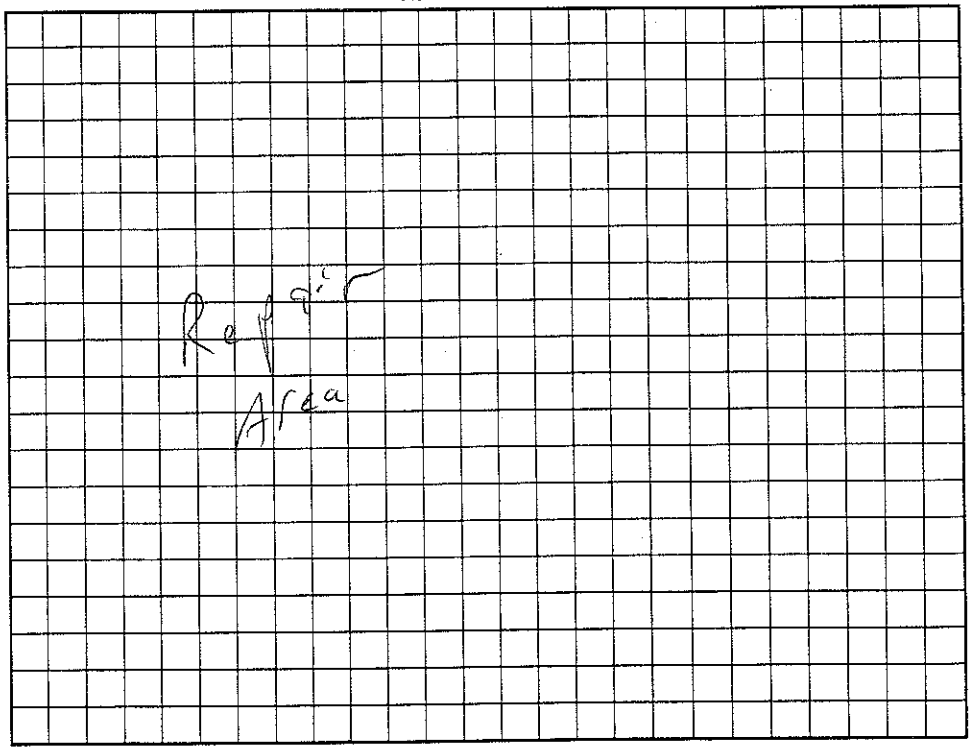
Comments:/Conditions:

Not to Scale

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 9/25/01

Improvement Permit by: _____ RSI date 9/21/01

Authorization to Construct by: _____ RSI date 9/21/01

Installed by: F J Ervin

Operation Permit by: _____ RSI date 10/18/01

Existing System Inspection by: _____ date _____

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