IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087651 PIN# 4655719747 DATE 2/17/2000

OWNER OR CONTRACTOR Dennis Davis PHONE: Business ( ) Home (704) 892-1904

ADDRESS 108 Lake Shore Dr. Mooresville NC 28117

LOCATION 177 Tammy Ln - Hwy 115 S TL Faith Rd TR Midway Lake Rd TL Tammy Dr on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 Acre SITE CLASS. J DESIGN FLOW _____ L.T.A.R. J

Septic Tank: EXISTING Gallons: STD Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Square Feet _____ Linear Feet _____

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

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

System Description: EXISTING Grav. - Convent.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

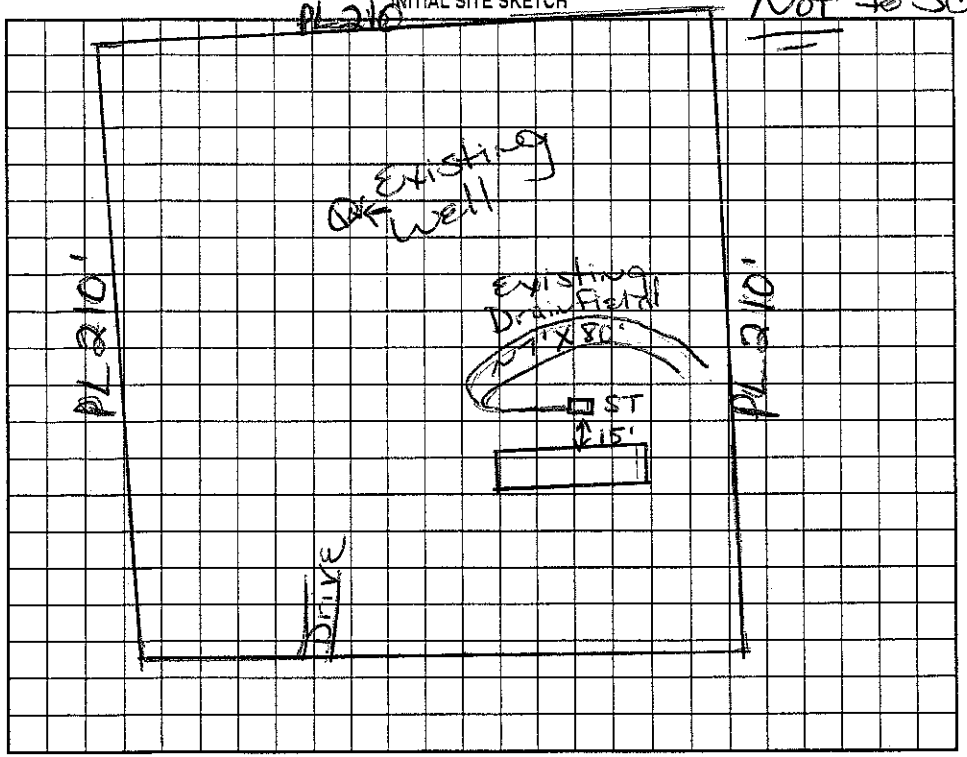
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: ☆ Keep New MH at least 5' from any part of Septic System. Okay to replace 3 Bdrm MH with 3 Bdrm MH.

INITIAL SITE SKETCH Not to Scale



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 Ronald Davis date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson R.S. date 2/17/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson R.S. date 2/17/2000

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