# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083087 PIN# 4655 95 3081 4655 94 3949 DATE 7/30/99

OWNER OR CONTRACTOR Richard Daniels PHONE: Business Home 663-4331

ADDRESS 583 Faith Rd Mooresville, NC 28115

LOCATION Hwy 115 South to Faith Rd just past Black Angus

SUBDIVISION ——— BLOCK / SECTION ——— LOT ——— LOT AREA 1.91 Acre SITE CLASS. ——— DESIGN FLOW 360gpd L.T.A.R. ———

Septic Tank: Existing Gallons; STB ——— 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 (Existing)

System Description: Gravity - Conventional

Repair System Description: ———

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ———

No. Bedrooms 3 No. Bathrooms 2 No. Employees ———

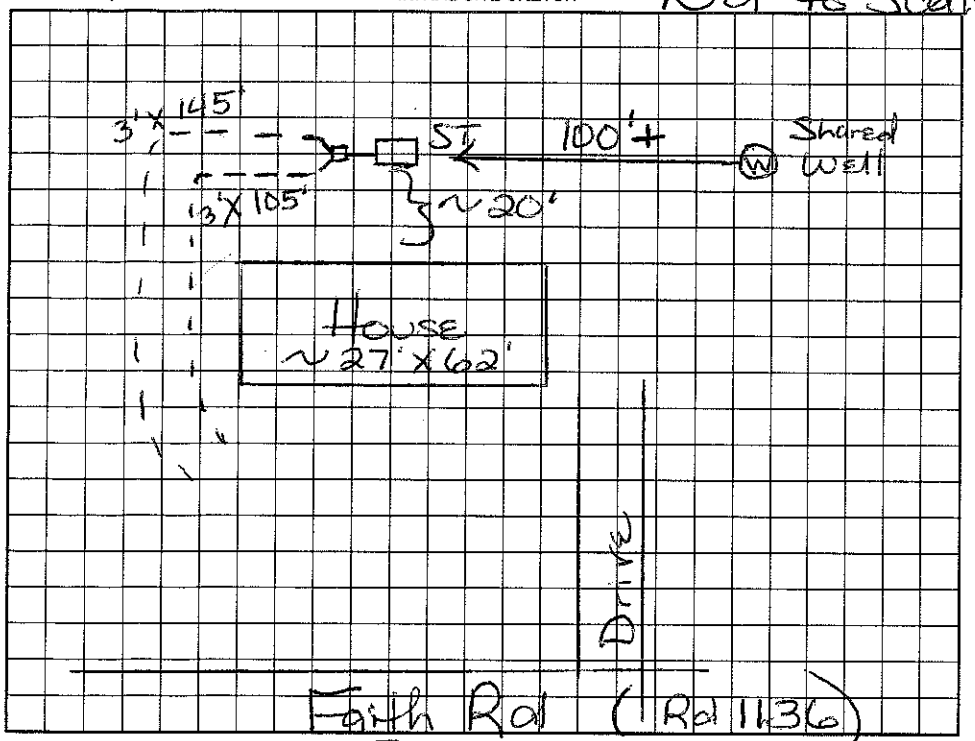
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Share ☐ Public ☐ Community

Comments/Conditions: Septic System Appears to be functioning okay at time of inspection. No problems noticed. Keep new home at least 5' from Septic System.

Comments/Conditions: Pulled off old 3Bdrm MH replacing with 3Bdrm modular home. Originally installed '81.

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: ——— date ——— Installed by: ———

Improvement Permit by: Maria H. Dotson RS date 7/30/99 Operation Permit by: ——— date ———

Authorization to Construct by: Maria Dotson date 7/30/99 Existing System Inspection by: Maria H. Dotson RS date 7/30/99

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