IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 6545 PIN# ~~4656020525~~ 4656 02 0559 DATE 5/11/99

OWNER OR CONTRACTOR Piedmont Housing PHONE: Business _____ Home 528-7120

ADDRESS 139 Tommy's LN, Mooresville NC 28115

LOCATION Hwy 21 S, TL Waterlynn, TR Tommy's LN, 2N Left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT A159 LOT AREA 20,2000 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~3095612~~ Date 3/29/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210
No Lines 3570' Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravel Panel
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

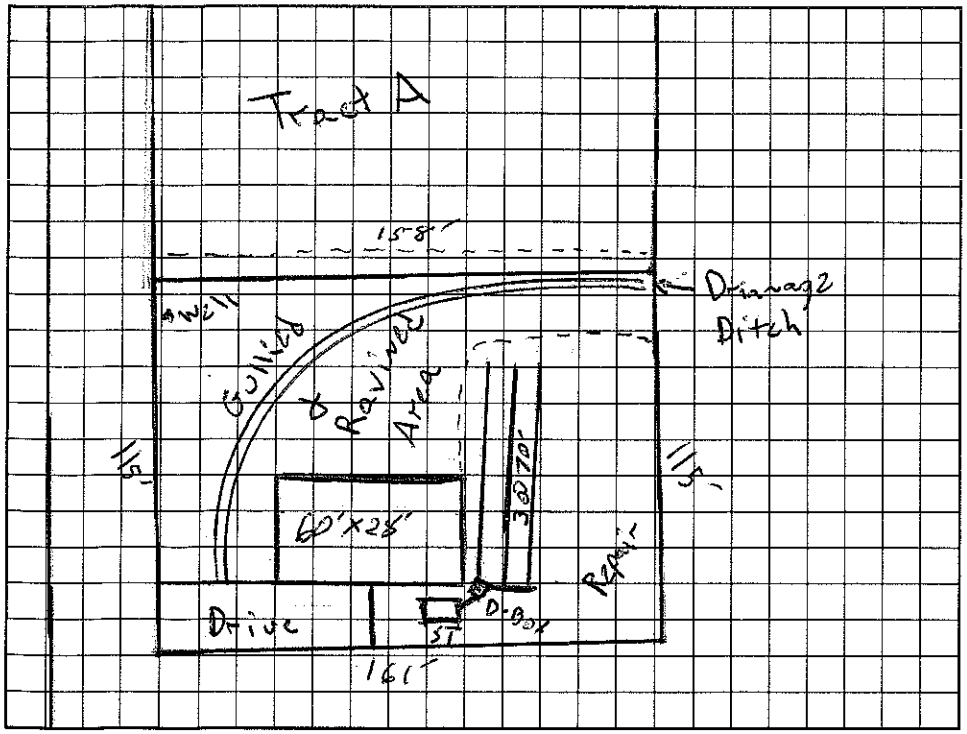
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: Fill & Grade Gullied & Ravine Area Also install Drainage ditch to divert water off system. System must be installed in 2' trench width.

Comments:/Conditions: This Lot was looked at & approved by the Iredell Co. Env. Health Program Spec. Jeff Morgan

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: Renee Potter date _____ Installed by: A1 BACKHOE

Improvement Permit by: Jeff Morgan date 5/11/99 Operation Permit by: C. [illegible] date 5/21/99

Authorization to Construct by: Jeff Morgan date 5/11/99 Existing System Inspection by: _____ date _____

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