(10:00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 6279/79520 PIN# ~~4646820912~~ 4656 02 0559 DATE 2/17/99

OWNER OR CONTRACTOR Tim Freeze PHONE: Business _____ Home 663-0944

ADDRESS 151 Tommys Ln. Mooresville, NC 28117

LOCATION 21 N to Waterlynn TR, .3 of mile TR Tommy's LN, end of Road Lot on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 160 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12-21-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% Redx,
Repair System Description: 25% Redx/Panel
Maintenance Agreement Required: ☐ Yes ☐ No

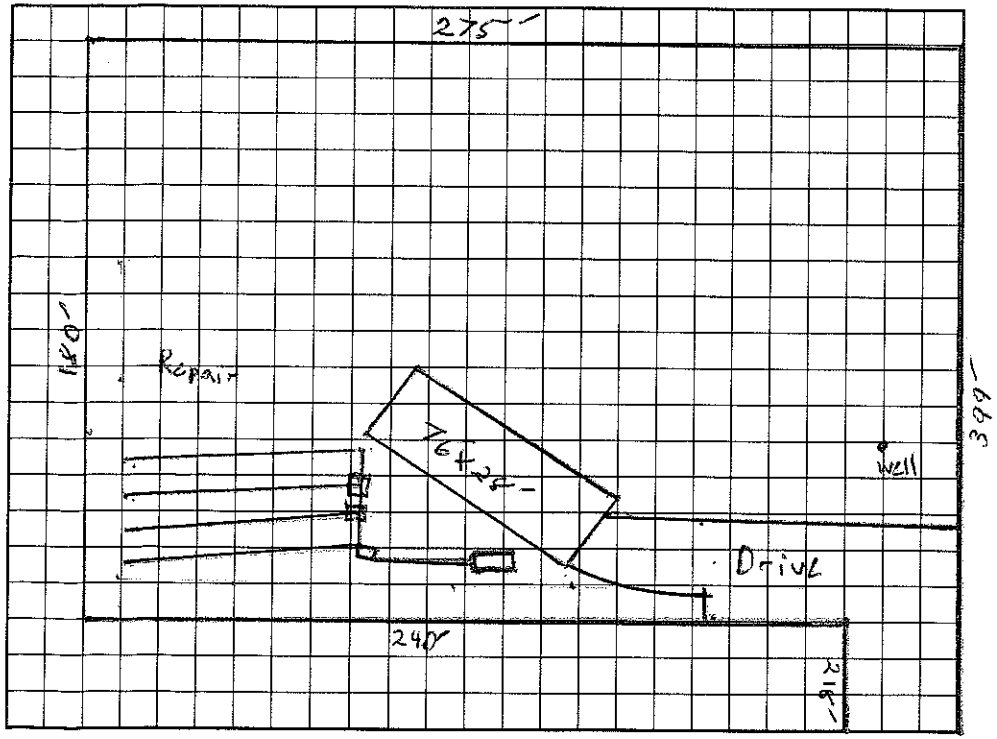
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

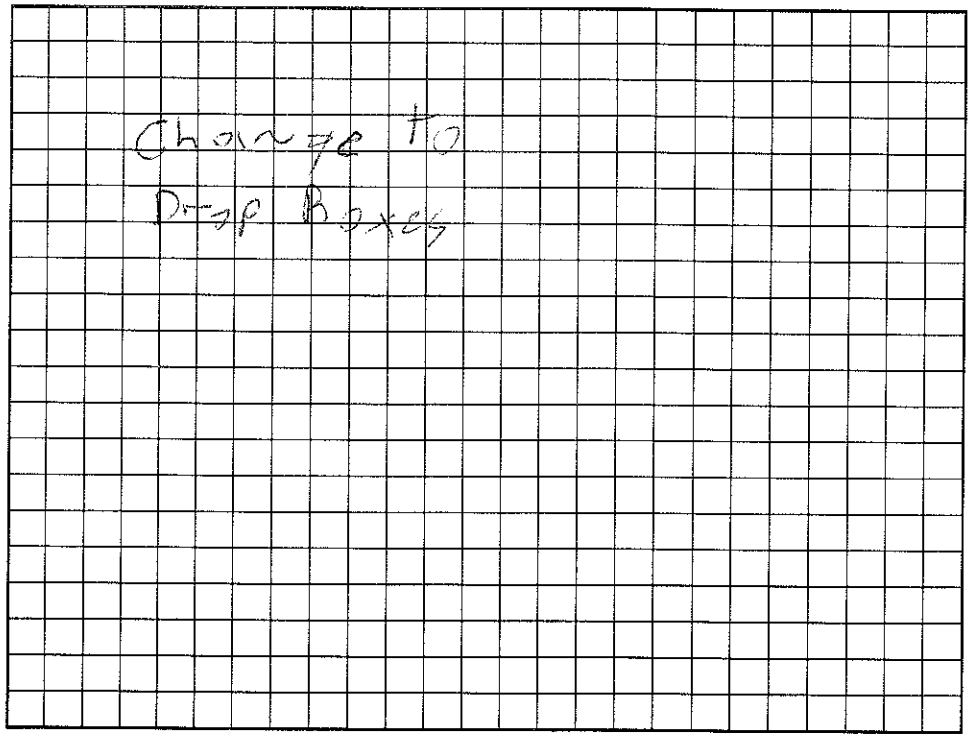
Comments:/Conditions: Keep Septic 5' off House & 10' off PL
Keep well Min. of 50' from septic
Install lines on contour

Comments:/Conditions:

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: Tim Freeze date 2-17-99 Installed by: A-1 Backhoe

Improvement Permit by: Jeff Morgan date 2/17/99 Operation Permit by: Jeff Morgan date 3/4/99

Authorization to Construct by: Jeff Morgan date 2/17/99 Existing System Inspection by: _____ date _____

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