IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

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

PERMIT# 7952 (Mooresville) PIN# 4656022261 / 4656032098 DATE 11-13-00

OWNER OR CONTRACTOR Jason Cox PHONE: Business _____ Home 799-7952

ADDRESS 312 S. Academy ST. Mooresville NC 28115

LOCATION 115 S, R Waterlynn, L Tommy's Ln.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 21,870 ft² SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 9/22/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 8 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 Conv.
Repair System Description: Grav./Pump Conv.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

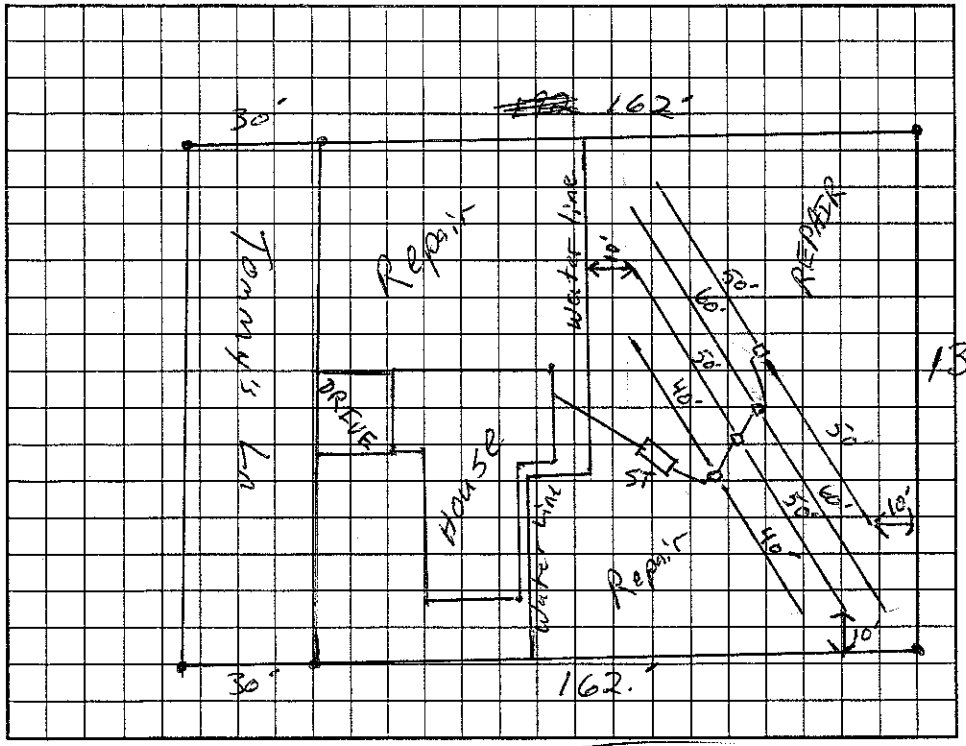
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
Shared well

Comments:/Conditions:
The water line not determined exactly. If there is any problems during installation, call the Health Dept.

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: _____ date 12-8-00 Installed by: Steve Jordan

Improvement Permit by: _____ RSI date 11-13-00 Operation Permit by: Wesley Sparks RS. date 1/23/01

Authorization to Construct by: _____ RSI date 11-13-00 Existing System Inspection by: _____ date _____

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