IREDELL COUNTY HEALTH DEPARTMENT

4656-26-0474 (9800)

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

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

PERMIT# _____ PIN# _____ DATE April 26, '99

OWNER OR CONTRACTOR John & Toni Umstead PHONE: Business _____ Home _____

ADDRESS 169 Deerwood Lane, Mooresville

LOCATION US 21 S. TL Deerwood Lane ~1/4 mile on left between 6th & 7th driveway

SUBDIVISION Deerwood BLOCK / SECTION _____ LOT _____ LOT AREA ~5Ac SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. ~3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 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: BR Valve to Grave Chambered/

Repair System Description: Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

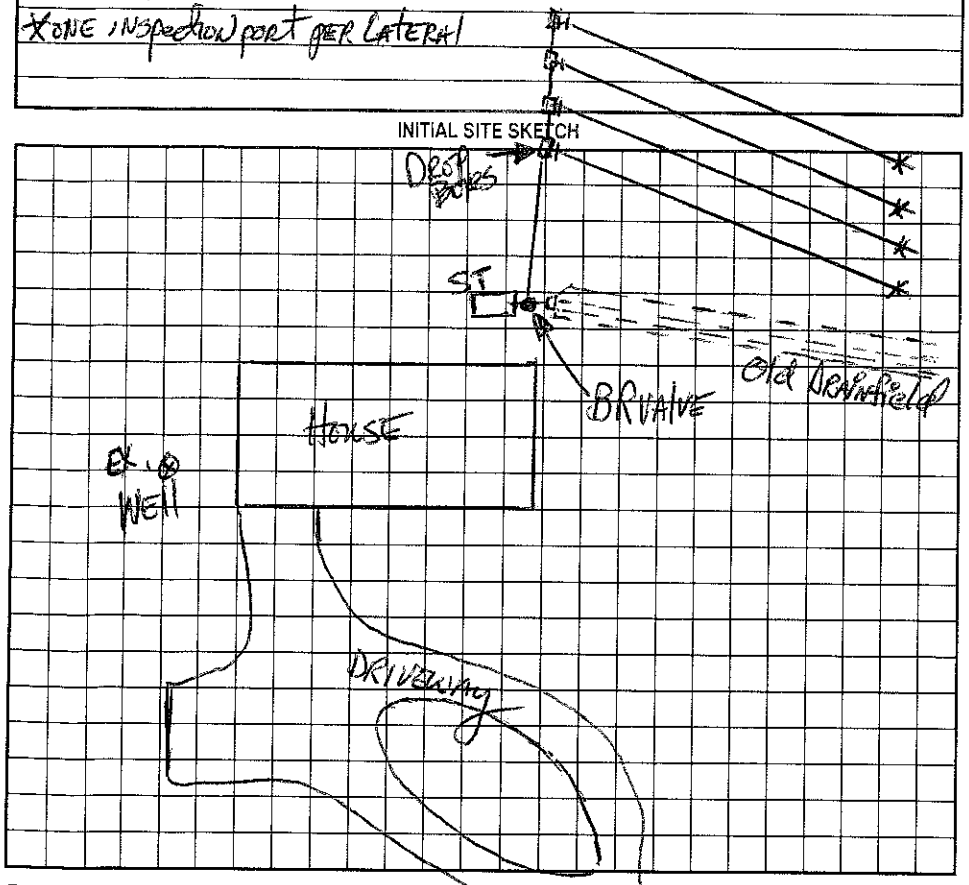
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

X ONE INSpection port per LATERAL

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: Toni A. Umstead date _____

Improvement Permit by: _____ RS date 4-26-99

Authorization to Construct by: _____ RS date 4-26-99

Installed by: WAYNE CRONTZ

Operation Permit by: _____ RS date 5/28/99

Existing System Inspection by: _____ date _____

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