# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4504911152998 PIN# 4657593839 DATE 6-12-08

OWNER OR APPLICANT Christine Alan/Martha Landis PHONE: Business 704 235-8211 Home 402-0703

ADDRESS 171 Harborcove Ln Mooresville NC 28117

LOCATION Hwy 150 E TL Rhinehardt Rd TL Red Dog stay to left when road splits on right B4 barn

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.32 Acre SITE CLASS. PSJ DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 7-11-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity-"Accepted"
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

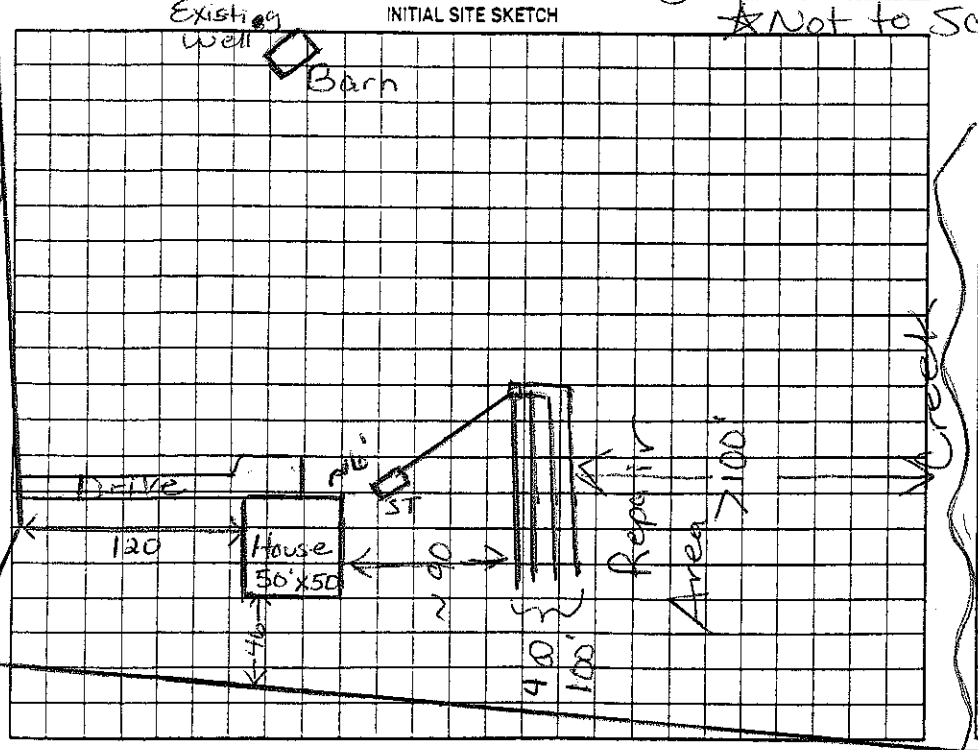
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: Note: Okay to use existing well @ barn. Keep water line 10ft from Septic System.

Comments/Conditions: Any future swimming pool must be 15ft from Septic System.

INITIAL SITE SKETCH ☆Not to Scale




AS BUILT SKETCH

Installed Quick 4 as shown, Used "built in Drop boxes"

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: Martha L Landis date 6-13-08 Installed by: Specialty Septic

Improvement Permit by: Maria H Dotson RS date 6/12/08 Operation Permit by: Maria H Dotson RS date 11/12/08

Authorization to Construct by: Maria H Dotson RS date 6/12/08 Existing System Inspection by: _____ date _____

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