IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 6800 PIN# 4657599086 DATE 6/25/99

OWNER OR CONTRACTOR Randi Williams PHONE: Business 334-9817 Home 664-5250

ADDRESS 140 Sunshine Dr. Mooresville NC

LOCATION Hwy 150 TL Rhinehart Rd TL on Ketchie at end intersects w/ Sunshine

SUBDIVISION Sunshine Estates BLOCK / SECTION ____ LOT 14 LOT AREA 1.6 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ____

No Lines 4 at 115' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity – Conventional

Repair System Description: Gravity – Conv. Modified

Maintenance Agreement Required: ☒ Yes ☒ No

Gravel Depth 12"

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

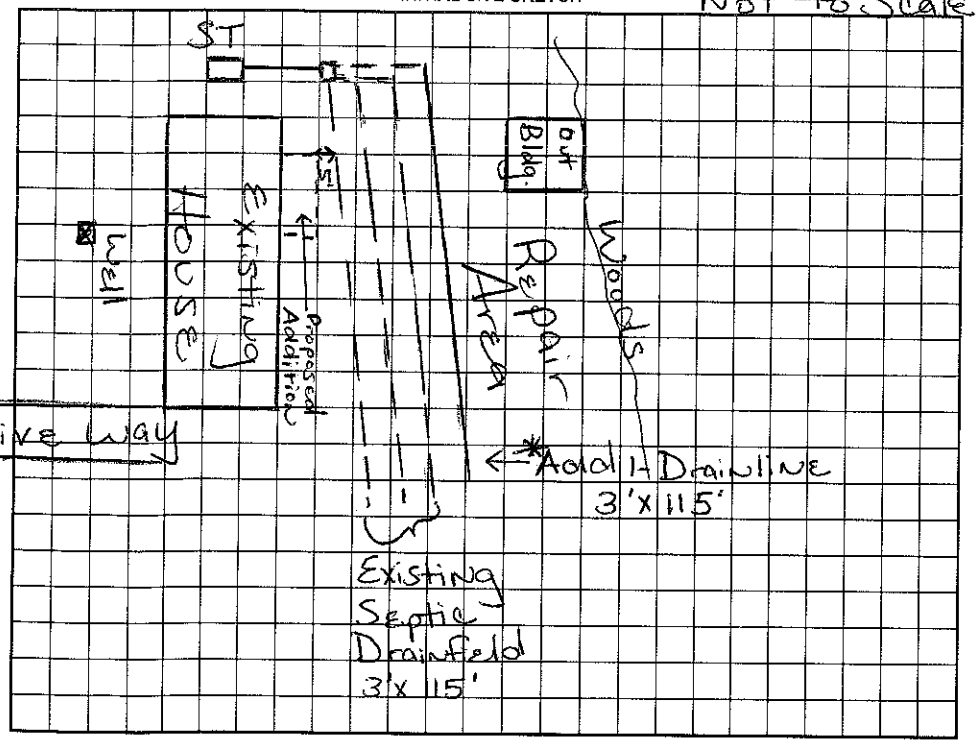
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Addition at least 5' from Existing Septic System. Addition/Upgrade – Weal to add 1 Drainline 3'x115' for extra Bedroom

Comments/Conditions: Original Septic System installed 4/7/92

INITIAL SITE SKETCH Not to Scale



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: Randi Williams date ____

Improvement Permit by: Maria H.H. Dotson date 6/28/99

Authorization to Construct by: Maria H.H. Dotson date 6/28/99

Installed by: Lawson Boston

Operation Permit by: Wesley Sparks R.S. date 7/21/99

Existing System Inspection by: ____ date ____

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