# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095755 PIN# 4658044471 DATE 5-14-2001

OWNER OR CONTRACTOR Harvey Turner PHONE: Business _____ Home 664-5187

ADDRESS 1027 Bridehill Rd. Mooresville, NC 28117

LOCATION Hwy 21 N to Cornelius Rd ~ 1 mile on left (Wagon Wheels in front) 339

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 240 gpd L.T.A.R. _____

Septic Tank: Exist Gallons; STB _____ Date _____

Pump Tank: Exist Gallons; RT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines Bed Trench Width Exist Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 1

☒ Business No. Employees _____

☐ Other _____

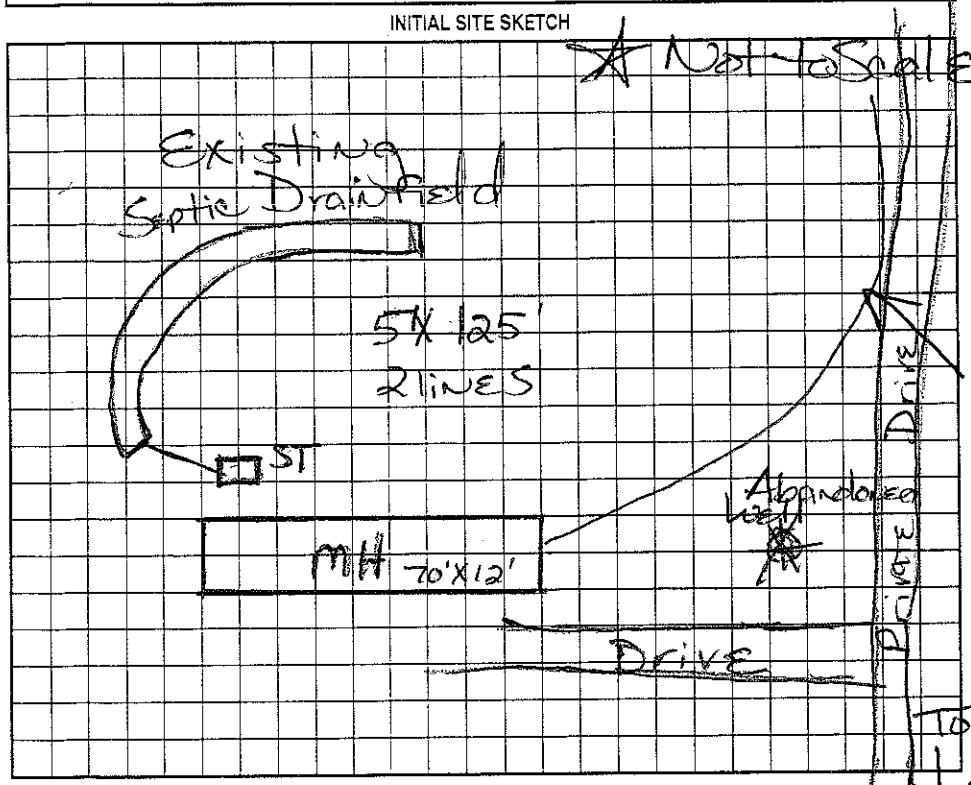
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual Neighb
☒ Public
☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Keep MH at least 5' from Septic System.

INITIAL SITE SKETCH




AS BUILT SKETCH

System originally installed 1976.

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: X Harvey Lester Turner date _____

Improvement Permit by: Mairi H. H. Dotson R.S. date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Mairi H. H. Dotson R.S. date 5/14/2001

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