IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107675 PIN# ~~4658-44-0127~~ 4658430907 DATE 7/15/02

OWNER OR CONTRACTOR Judy Sipes PHONE: Business _____ Home _____

ADDRESS 169 Cornelius Rd Mooresville NC 28117

LOCATION 21 N, TL Cornelius on Lt Beside Friendship Baptist Church Before Blessing Ln.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PJ DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 3/2 Date 5/7/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1032 Linear Feet 344
No Lines 4@86' 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 Conventional
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

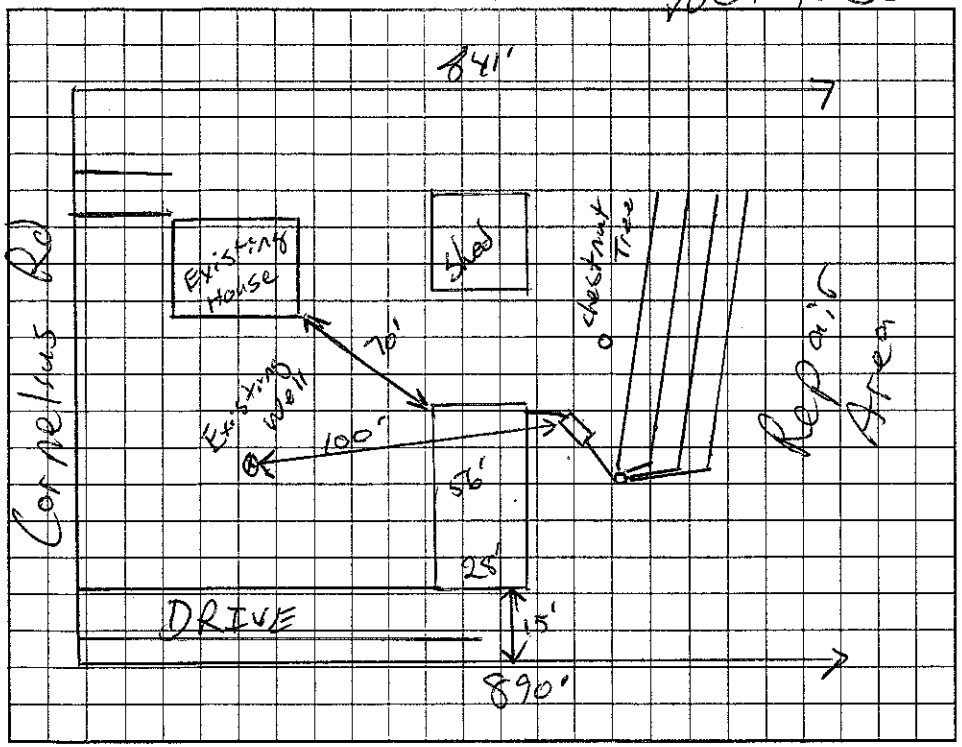
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
Existing

Comments:/Conditions: Install Drain lines on Contour

Comments:/Conditions:

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: T. A. Hale date 7/15/02 Installed by: Andy Daniels

Improvement Permit by: RS date 7/15/02 Operation Permit by: RS date 7/17/02

Authorization to Construct by: RS date 7/15/02 Existing System Inspection by: _____ date _____

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