IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 12921 PIN# 4658 44 3646 DATE 8/9/05

OWNER OR CONTRACTOR Stacy M Lee PHONE: Business _____ Home 704 605 2710

ADDRESS 156 Cornelius Rd Mooresville, NC 28117

LOCATION 21N @ Cornelius Rd @ Lot 156 Cornelius Rd

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA .52 acres SITE CLASS. PS DESIGN FLOW 125 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-2-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 417 Linear Feet 110
No Lines 2 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

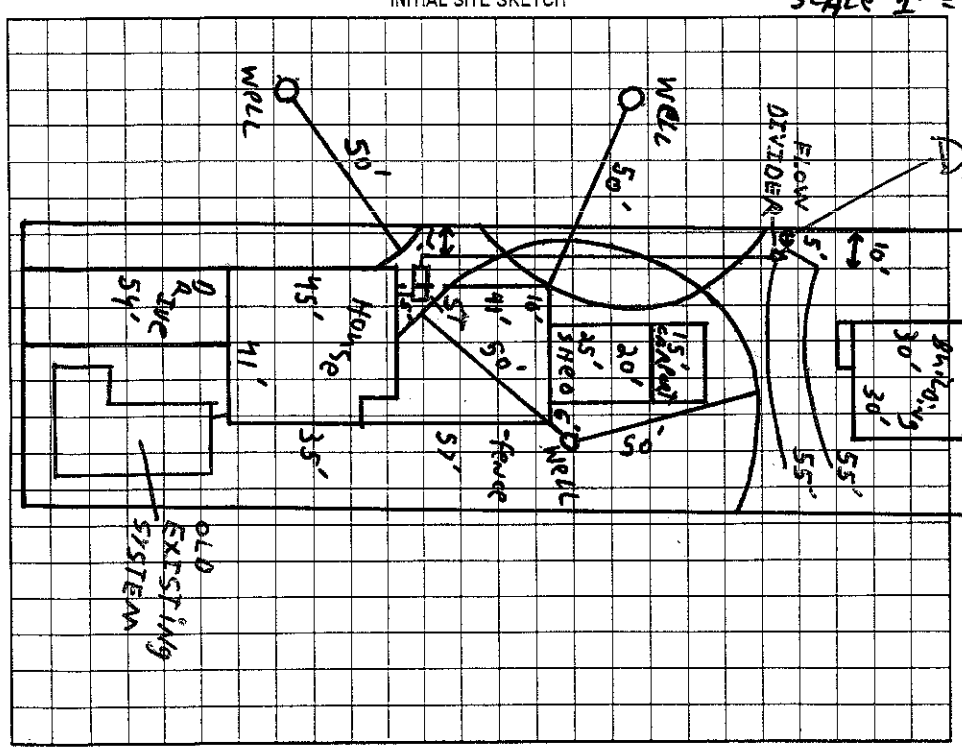
☐ House/Mod. Home No. Bedrooms _____
☐ Mobile Home No. Bathrooms _____
☒ Business No. Employees 1
☐ Other Salon 1 chair
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Salon must be plumbed seperately from house and all salon discharge must flow into new system. Supply line must be leakproof pipe, equivalent to water main standards. install lines on contour. maintain setbacks

Comments:/Conditions: Note: Keeping supply line 50' from well, SCH 40 PVC used.

INITIAL SITE SKETCH SCALE 1" = 50'



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: Stacy M Lee date 5/10/05 Installed by: T W Ammons 3

Improvement Permit by: [signature] date 8/9/05 Operation Permit by: Maint. Tech Watson RS date 9/12/05

Authorization to Construct by: [signature] date 8/11/05 Existing System Inspection by: _____ date _____

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