IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 1966 PIN# 4658 60 1079 DATE 11/2/01

OWNER OR CONTRACTOR Joan Tillman PHONE: Business _____ Home 704-658-0510

ADDRESS 172 Sunset Lane Mooresville, NC. 28115

LOCATION 150 TL Rinehart Rd. TL Sunset Lane to #172 on (R) before cul-de-sac

SUBDIVISION Sunshine Estates BLOCK / SECTION _____ LOT 25A LOT AREA ~.79Ac SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: EXISTING SYSTEM Gallons: _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: EXISTING SYSTEM

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other Garage/Shop (Add)

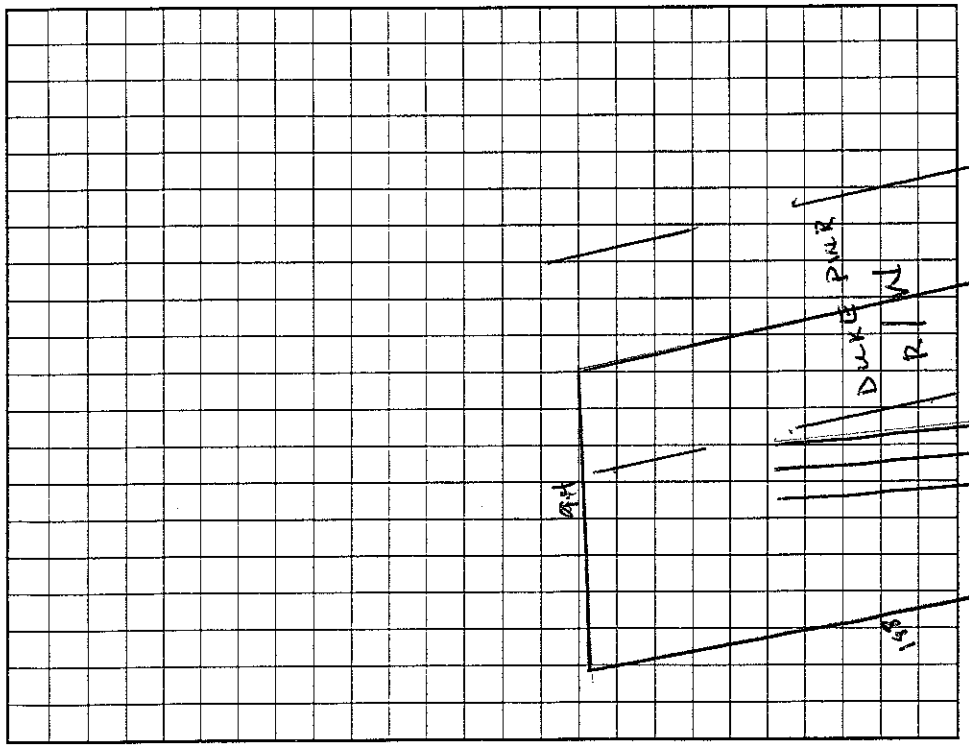
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

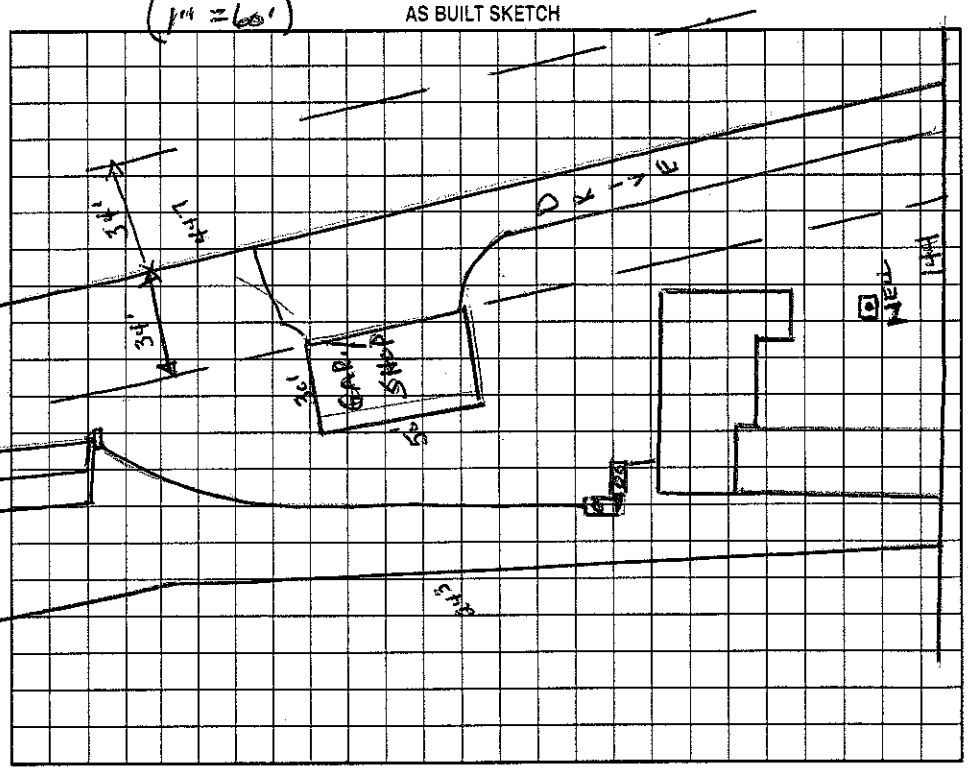
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH (1" = 60')



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: Joan Tillman date 11/5/01

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Steve Jordan

Operation Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 11/2/01

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