IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4058642910 DATE 4/11/01

OWNER OR CONTRACTOR Bobby Chrustey PHONE: Business _____ Home ~~663-5658~~ 663-2285

ADDRESS 2107 Charlotte Hwy (21N) Mooresville, NC 28115

LOCATION 150 R 21N on R across from Mooresville Meats

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

WASHER BOX

Septic Tank: 150 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 2 @ 50' x 3' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Washer Box - 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

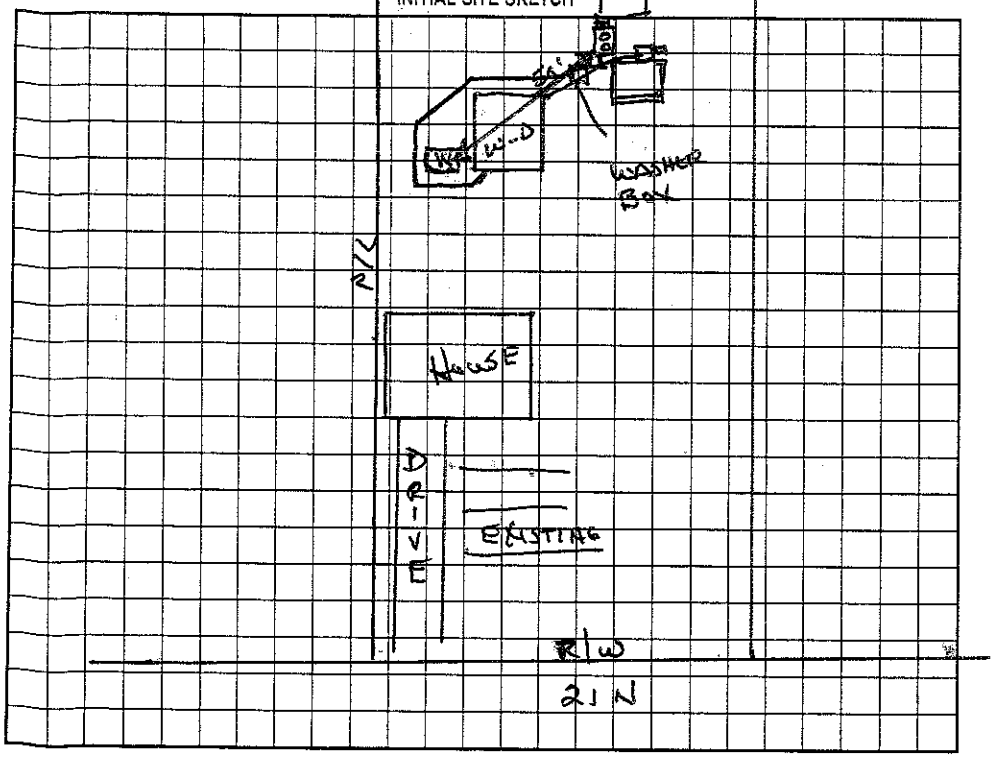
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

50' FROM WELL

Comments:/Conditions: 25% reduced - 80' EZ LAY INSTALLED.

INITIAL SITE SKETCH



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: * date _____

Improvement Permit by: Wesley Sparks R.S. date 4/11/01

Authorization to Construct by: Wesley Sparks R.S. date 4/11/01

Installed by: Dobson Const.

Operation Permit by: Wesley Sparks R.S. date 5/11/01

Existing System Inspection by: _____ date _____

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