3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073365 PIN# 4658 84 ~~9772~~ 3780 DATE May 26, '98

OWNER OR CONTRACTOR Kevin Finemind PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Rd. Mooresville

LOCATION I-77 N. TR Barclay TR New Street on left

SUBDIVISION Collins Park BLOCK / SECTION II LOT 1 LOT AREA .56Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 8/17/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: gravity Modified 25% Red.

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

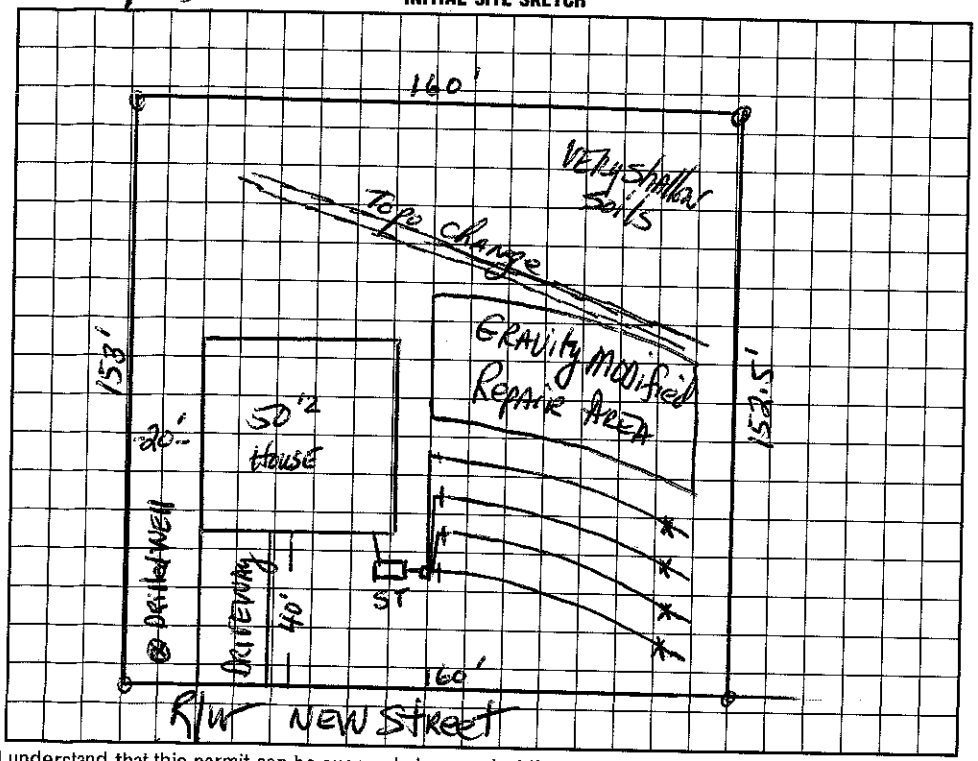
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: * ONE INSPECTION/OBSERVATION PORT PER LATERAL
filter installed
Drop boxes installed instead of D-Box

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 6-18-98

Improvement Permit by: _____, RS date 5-26-98

Authorization to Construct by: _____, RS date 6-18-98

Installed by: Rowan Septic

Operation Permit by: _____, RS. date 9/20/99

Existing System Inspection by: _____ date _____

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