IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088150 PIN# 4658 85 2709 DATE 3/25/00

OWNER OR CONTRACTOR Diane Bunkin PHONE: Business _____ Home 664-9356

ADDRESS 132 Sinclair Rd. Mooresville, NC. 28115

LOCATION 115 N TR Collins Park L on Sinclair TR at #132 mailbox to end of driveway

SUBDIVISION N/A BLOCK / SECTION _____ LOT N/A LOT AREA ~ 1.42 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 5/23/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAV CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees _____

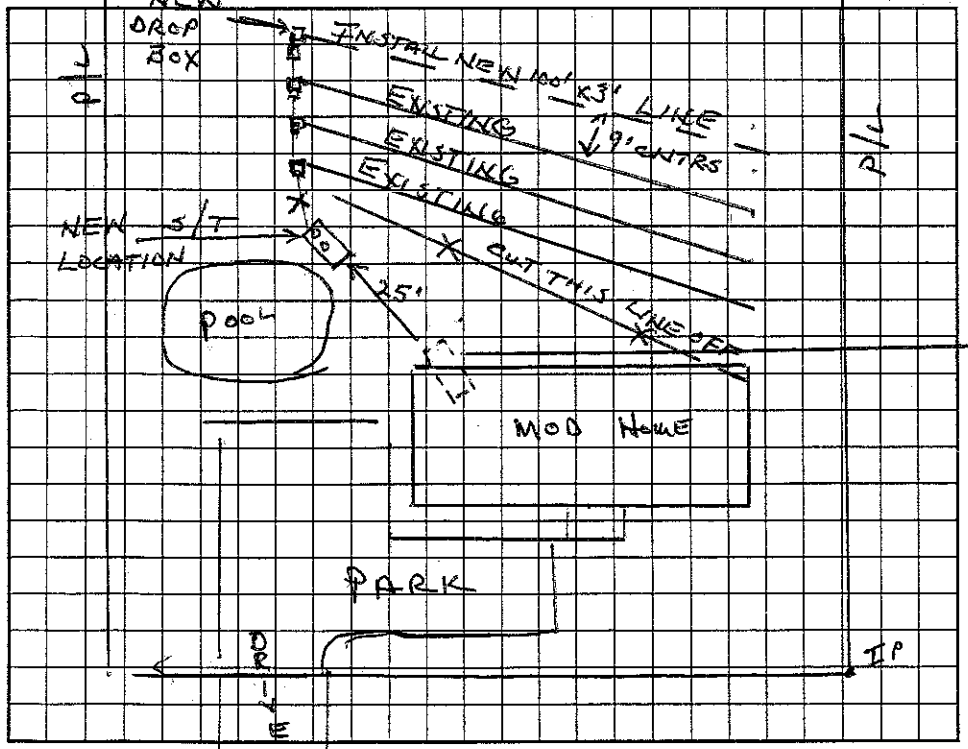
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: ① Relocate S/T ② Cut top line off system ③ Reinstall top line below lowest existing line

Comments:/Conditions:

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: * Diane Bunkin date 3/27/00 Installed by: Alvin Cruse

Improvement Permit by: Wesley Sparks RS. date 3/25/00 Operation Permit by: Wesley Sparks RS. date 7/7/00

Authorization to Construct by: Wesley Sparks RS. date 3/25/00 Existing System Inspection by: _____ date _____

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