3:30

COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073374 PIN# ~~4658 84 9772~~ 4658-94-2429

OWNER OR CONTRACTOR From Financial Services PHONE: Business 664 3671 Home DATE June 10, 98

ADDRESS 149 Yacht Cove Rd. Mooresville

LOCATION 115 No TR Barclay Ln; TR New Street on Right

SUBDIVISION Collins Park BLOCK / SECTION II LOT 9 LOT AREA .69 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11/27/98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@ 133 Trench Width 36" Trench Bottom Depth ~36" Gravel Depth 12"

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

System Description: 4 party conventional

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

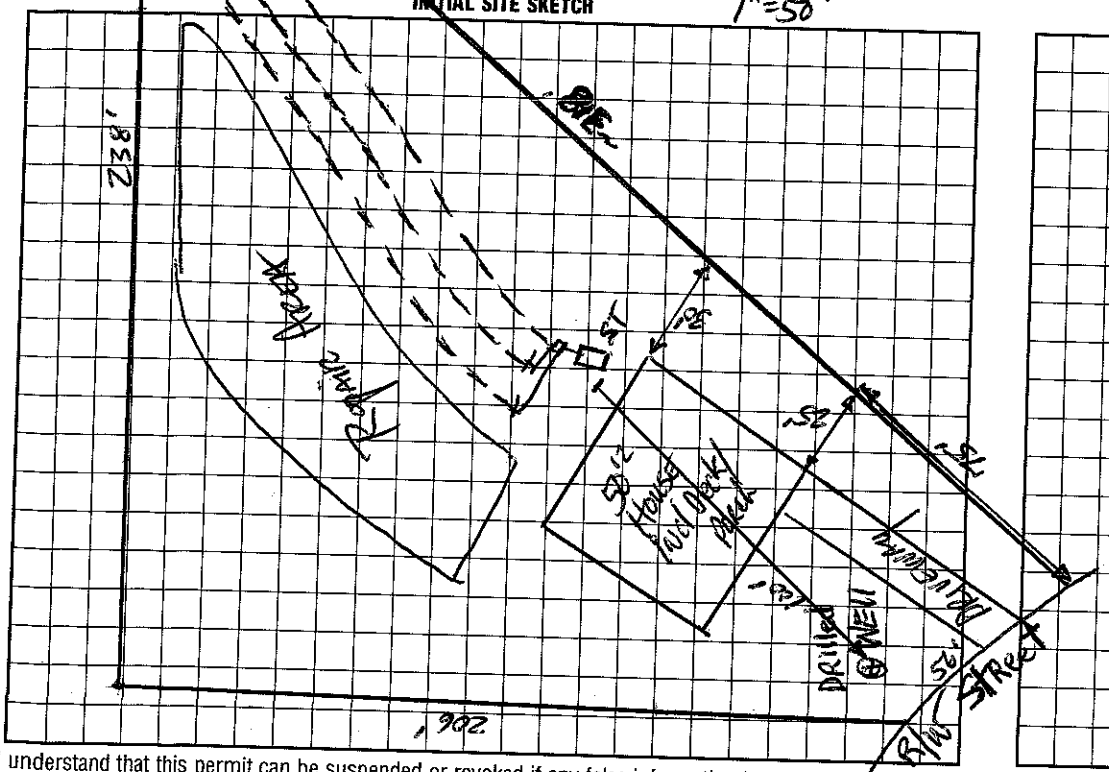
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 100' Minimum well separation distance from this system required (saprolite system)

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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: _____

Improvement Permit by: _____ RS date 6-18-98

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

Installed by: Rowan Septic

Operation Permit by: Jeff Morgan date 2/4/99

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