IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087453 PIN# 4659140012 DATE 2/7/2000

OWNER OR CONTRACTOR Samuel Felts PHONE: Business _____ Home 660-5896

ADDRESS 303 Dobster Ave Mooresville NC 28115

LOCATION Hwy 115 N TL Parkertown TL Armour 1st MH on left - 301 Armour Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT 24 LOT AREA 1.38 Acre SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Existing Linear Feet _____

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

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

System Description: ~~Existing~~ Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

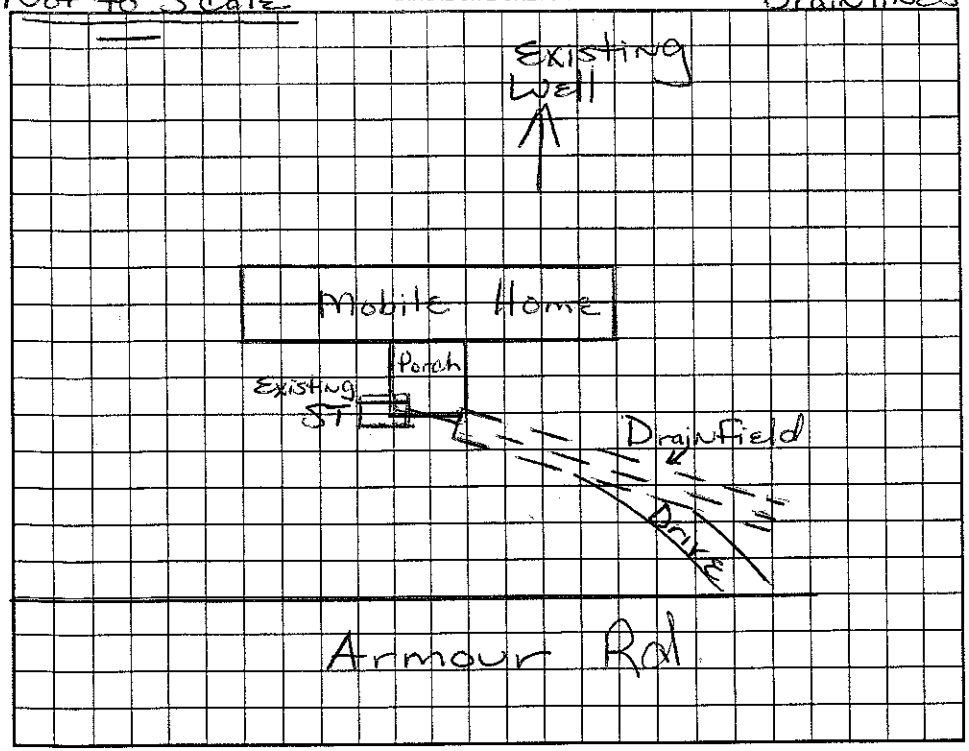
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be Functioning Okay at time of inspection. Okay for connection of Mobile Home. Should not drive or park on Drainlines

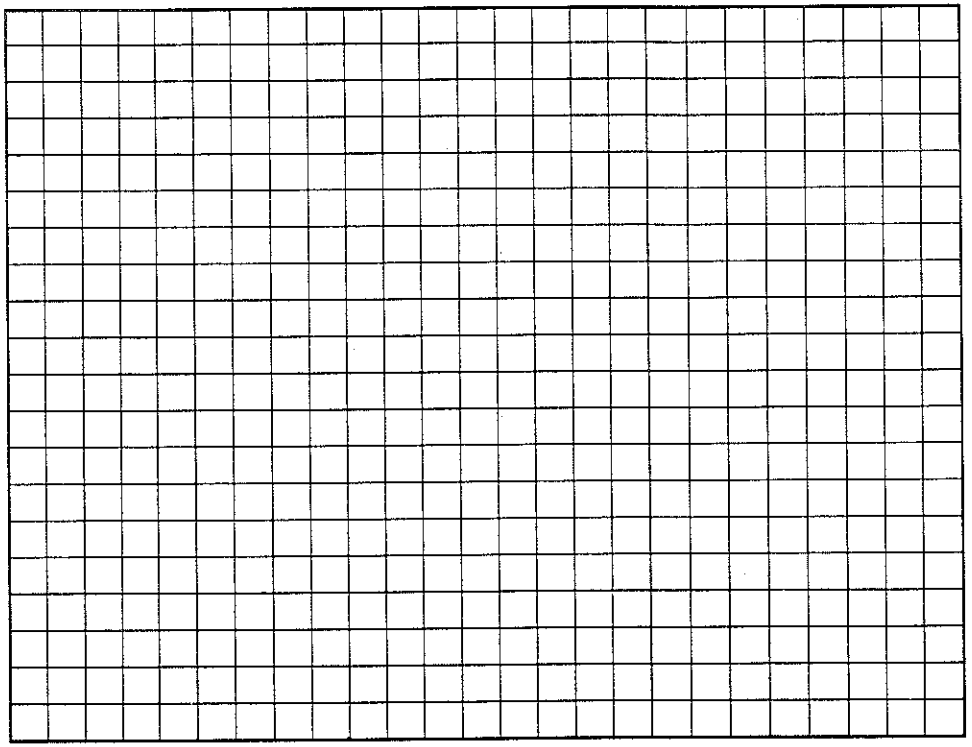
Comments:/Conditions: Septic System previously inspected & approved on 8-6-87 (copy attached) As 3 Bedroom with Existing porch (See attached)

Not to Scale

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 2/7/00

Improvement Permit by: Maria H. Dotson RS date 2/7/2000

Authorization to Construct by: Maria Dotson date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dotson RS date 2/7/2000

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