(10:00)

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC.

PERMIT# 079568 PIN# ~~4659199920~~ 4659 19 6670 DATE 3/25/99

OWNER OR CONTRACTOR Phyllis Jones PHONE: Business _____ Home 704-528-6246

ADDRESS 117 Ironstone Lane Mooresville NC 28115

LOCATION 115/215, TL Ironstone, 3-d on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT Tract 2&4B LOT AREA 5.00 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-25-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity/Conv.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

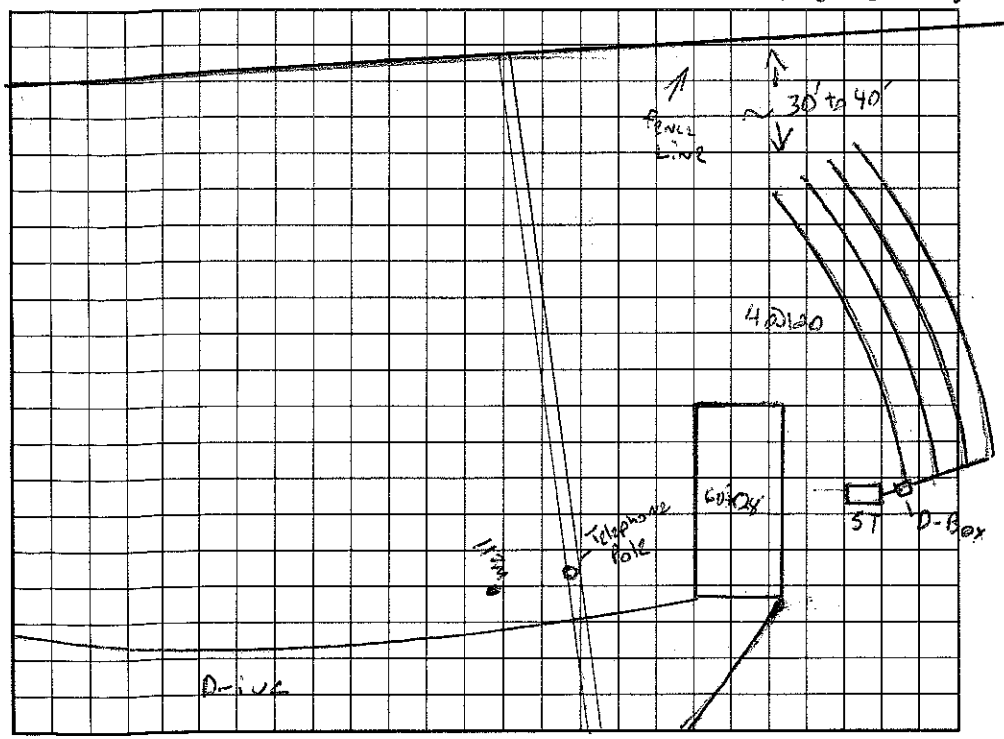
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

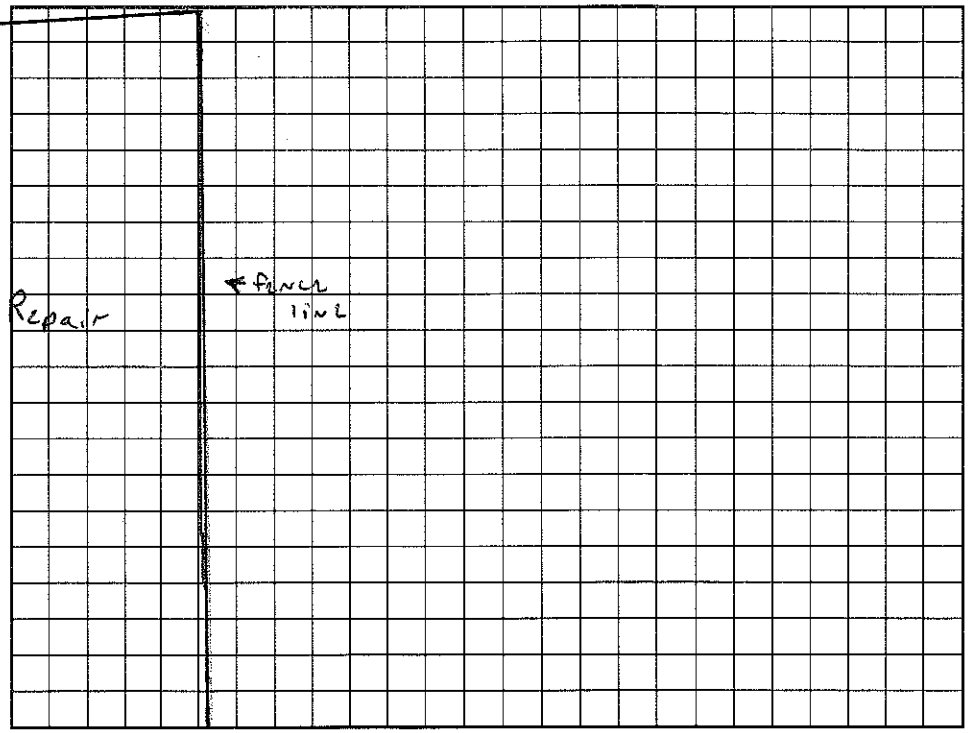
Comments/Conditions: Install lines on contour
Keep septic 10' of PL or fence line, and 5' off house
Keep well 50' min from septic system

Comments/Conditions: (Septic Installer needs to call Health Dept Before starting job.)

INITIAL SITE SKETCH (Not to Scale)



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: Valerie Moore date _____ Installed by: A-1 Backhoe

Improvement Permit by: Jeff Myers date 3/25/99 Operation Permit by: Jeff Myers date 3/30/99

Authorization to Construct by: Jeff Myers date 3/25/99 Existing System Inspection by: _____ date _____

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