IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# Repair 4659 31 63336 DATE 4/13/03

OWNER OR CONTRACTOR George Ingram PHONE: Business 432 0314 Home 662-6295

ADDRESS 127 Lawnhaven Dr Mooresville NC 28115

LOCATION Hwy 115/21 N TL Barfield TL 1st dirt road Lawnhaven 4th House on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000' Gallons; STB 312 Date 8-3-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Bed Square Feet 900 Bed length Linear Feet 30'

No Lines _____ Trench Width 30' Max Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: _____

Repair System Description: *Gravity-25% Reduction

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

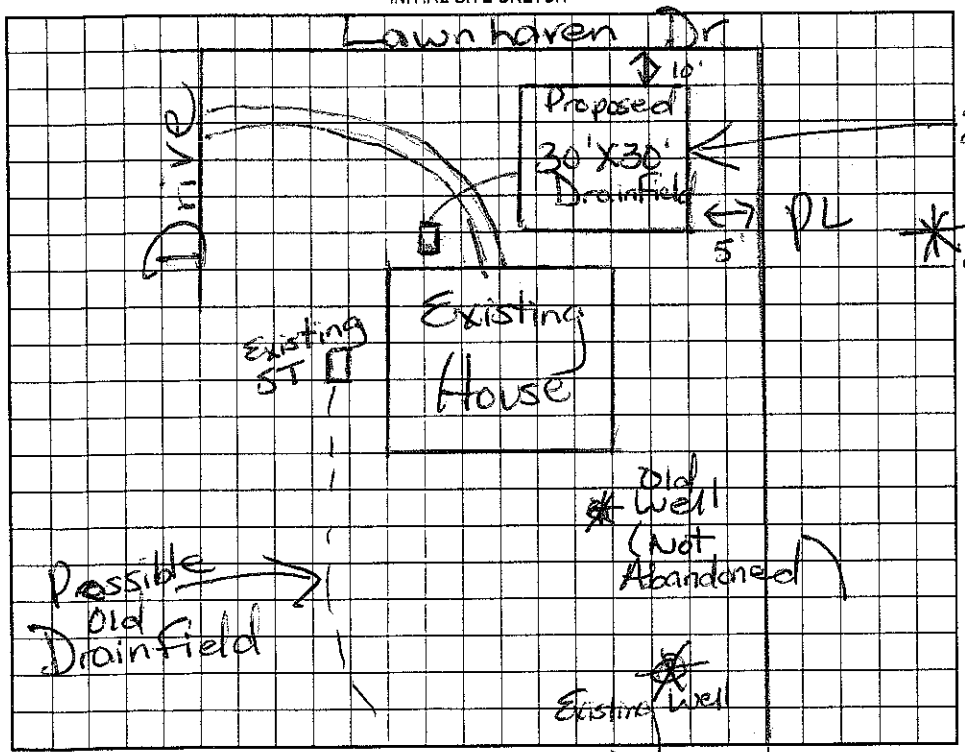
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install new ST in front of house gravity feed to 30'X30' Bed Owner wants to keep Washer on old Drainfield & ST

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Bed of EZ Flow

25% Reduction

or

*24" Gravel (Conventional as Drawn

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: George Ingram date 4/14/03 Installed by: F. J. Ervin RS

Improvement Permit by: Maria H. Dolson date 4/15/03 Operation Permit by: Maria H. Dolson date 9/26/03

Authorization to Construct by: Maria H. Dolson RS date 4/14/03 Existing System Inspection by: _____ date _____

Repair

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