IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079400 PIN# 4659 51 1983

OWNER OR CONTRACTOR Jerry Mills Jr. DATE 3/13/99

ADDRESS PO Box 1044 Mooresville, NC. 28115 PHONE: Business ______ Home 866-4875

LOCATION 115-21N on (R) side of #1682 - on (L) 1/4 mile past Shepards School / on (L)

SUBDIVISION NO BLOCK / SECTION ______ LOT ______ LOT AREA ~1.25 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 ↓30"

Septic Tank: 1000 Gallons; STB 249 Date 4/9/99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

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

No Lines 6@67'x3 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 - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ______

☐ Other ______

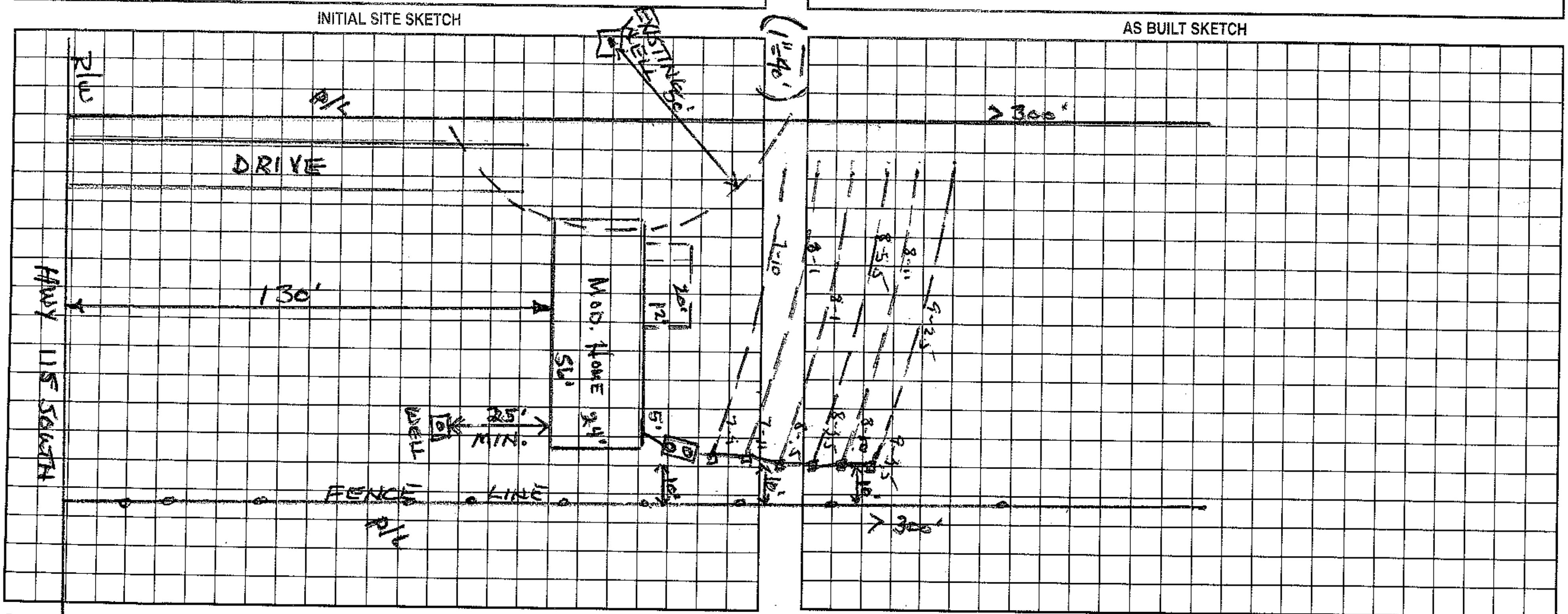
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

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: * Jerry M Mills Jr date 3-18-99

Improvement Permit by: Wesley Sparks RS. date 3/13/99

Authorization to Construct by: Wesley Sparks RS. date 3/13/99

Installed by: Claudius Morrison

Operation Permit by: Wesley Sparks RS. date 4/20/99

Existing System Inspection by: ______ date ______

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