IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08201 2 PIN# ~~4664295302~~ 4664295269 DATE 6/29/99

OWNER OR CONTRACTOR WAYNE Parker PHONE: Business 948-9318 Home 892-3412

ADDRESS 597 Presbyterian Rd Mooresville, NC

LOCATION Hwy 115 S Rt Presbyterian approx. 2 miles on left before Alexander Electric

SUBDIVISION Goldtrace BLOCK / SECTION ____ LOT 2 LOT AREA 1.034 acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 at 100' Trench Width Existing Max Trench Bottom Depth System Gravel Depth 12"

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

System Description: Existing Gravity - Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

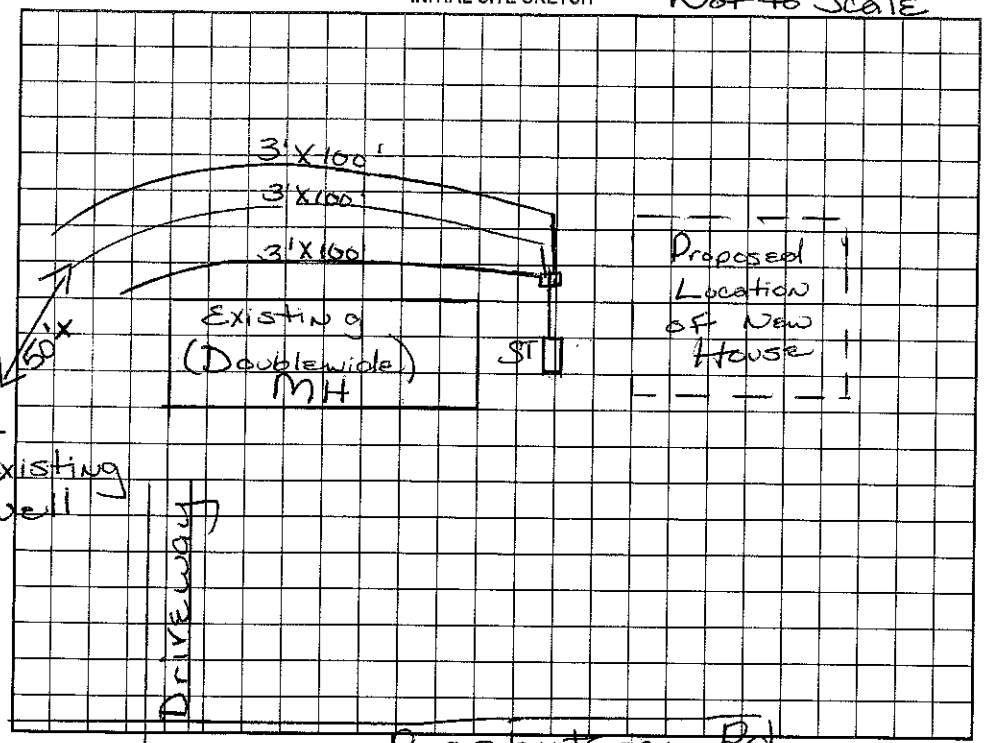
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning Okay, No problems noticed.

Comments/Conditions: Upgrade from MH to House (3 Bedroom w/ Study)

* Septic System installed 9/~~5~~/86

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: X ____ date ____ Installed by: ____

Improvement Permit by: Maria H.H. Dotson date 6/29/99 Operation Permit by: Maria H.H. Dotson date 6/23/99

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H.H. Dotson date 6/29/99

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