IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 4665437953 MOORESVILLE 704-664-5281 4:00

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

PERMIT# 083292 PIN# ~~4665437884 PT~~ Pager DATE 2/28/2000

OWNER OR CONTRACTOR Lisa & Tim Smith PHONE: Business 354-0571 Home 892-1387

ADDRESS 123 Pantherhill Ln Mooresville, NC 28115

LOCATION Hwy 1155 TL Faith Rd. TR Shearers Rd 1.5 Miles on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.36 Acre SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-13-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 540'
No Lines ~~6 at 90'~~ Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes X No

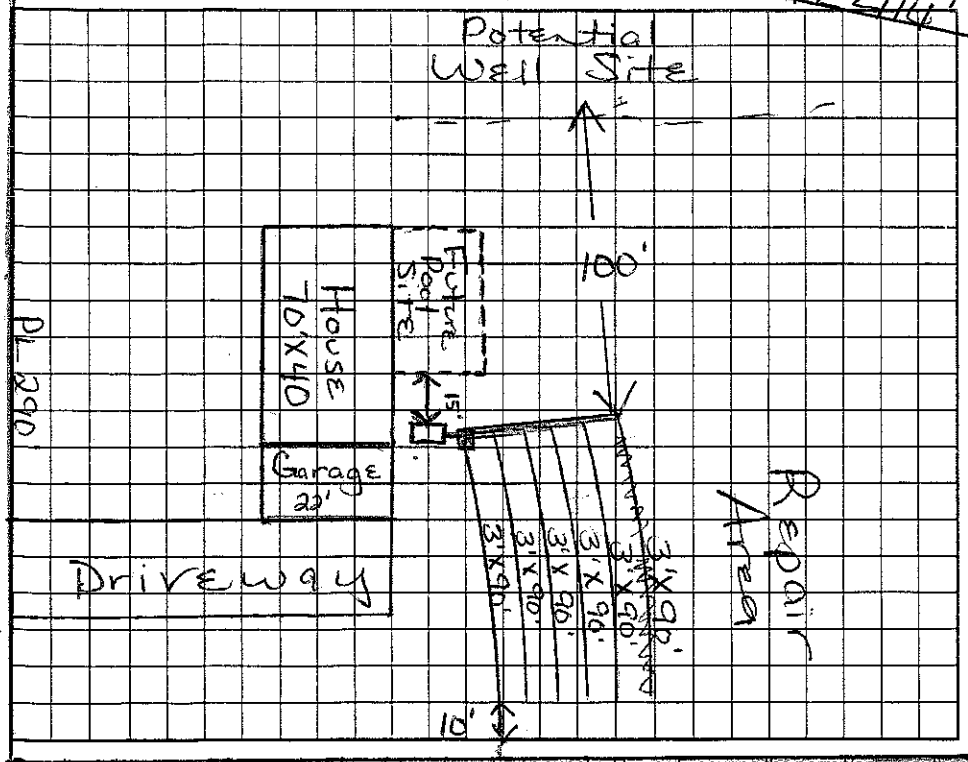
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3.1
☐ Business No. Employees ____
☐ Other _____

Gravel Depth 12" ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: 5 at 108' Scale 1"=60'

INITIAL SITE SKETCH



Comments/Conditions: Keep Septic System at least 10' from PL & 5' from house & 15' from "Future pool site". Keep well 100' from Septic System & 25' from house

AS BUILT SKETCH Riser installed

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 2/29/00 Installed by: F.J. Erwin

Improvement Permit by: Maria H.H. Dotson RS date 2/29/2000 Operation Permit by: Maria H.H. Dotson RS date 9/19/2000

Authorization to Construct by: Maria H.H. Dotson RS date 2/29/2000 Existing System Inspection by: _____ date _____

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