IREDELL COUNTY HEALTH DEPARTMENT

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

2-30

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

PERMIT# 113560 PIN# ~~4665 lot 49~~ 4665674473 Pager DATE 8-19-03

OWNER OR CONTRACTOR Michael Lyons PHONE: Business 657-8098 Home 663-4857

ADDRESS P.O Box 4391 Mooresville NC 28117

LOCATION Hwy 3 South TR Kistler Rd TR River Birch (Woodlands on Park) TL Scalybark at end of pavement

SUBDIVISION Adrian Hobbs Prop BLOCK / SECTION ____ LOT ____ LOT AREA 1.0 Acre SITE CLASS PS DESIGN FLOW 360gpd T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4-11-04

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' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Gravity/Pump Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

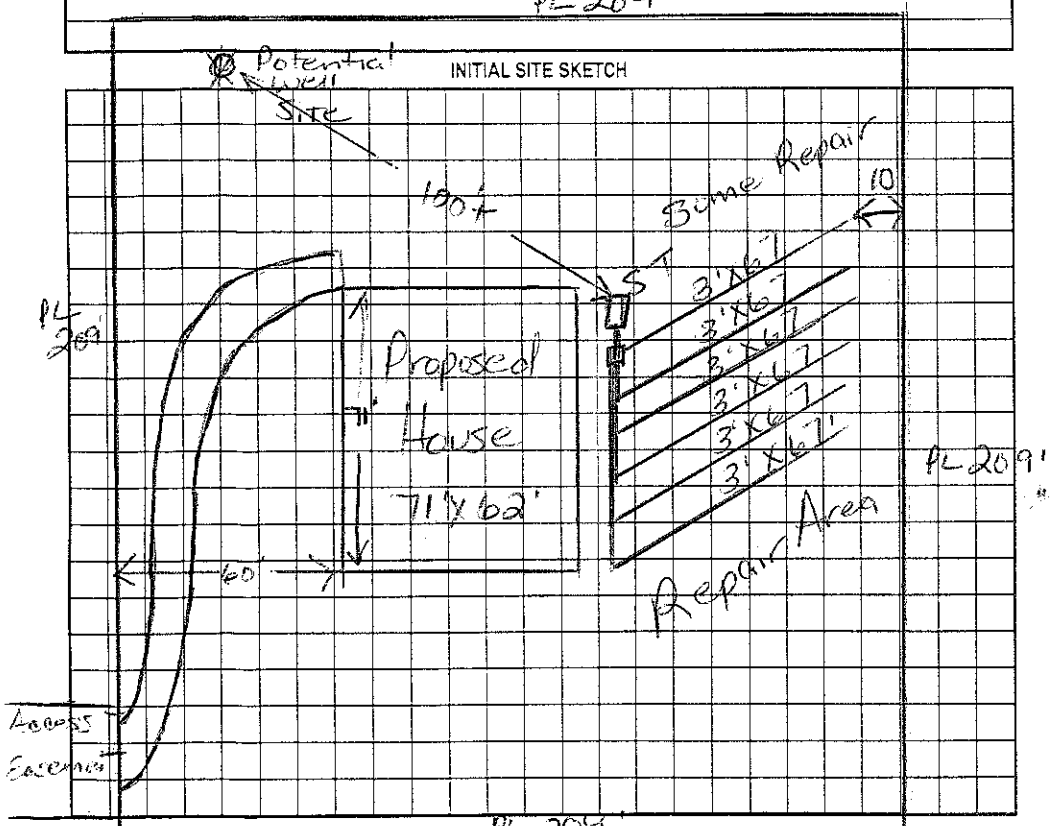
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 100' to Well

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 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: Michael Lyons date 8-20-03

Improvement Permit by: Maina H. Dolan RS date 8/19/03

Authorization to Construct by: Maina H. Dolan RS date 8/19/03

Installed by: E.J. Ervin

Operation Permit by: Maina H. Dolan RS date 5/18/04

Existing System Inspection by: ____ date ____

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