IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7821 PIN# 4666665897 3 4666-66-8213 DATE 6/22/2000

OWNER OR CONTRACTOR Jones Family Builders/Arthur Helms PHONE: Business 591-1326 Mobile Home 663-7181

ADDRESS 665 Jones Rd Mt. Ulla NC 28125

LOCATION 117 Franklin Dr. Hwy 136 S. TR Franklin Dr on left.

SUBDIVISION Four Oaks BLOCK / SECTION CJ LOT 142 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360gpd A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet 345

No Lines 3 at 115 French Width Existing Max French Bottom Depth 12" Gravel Depth _____

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

System Description: Existing Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

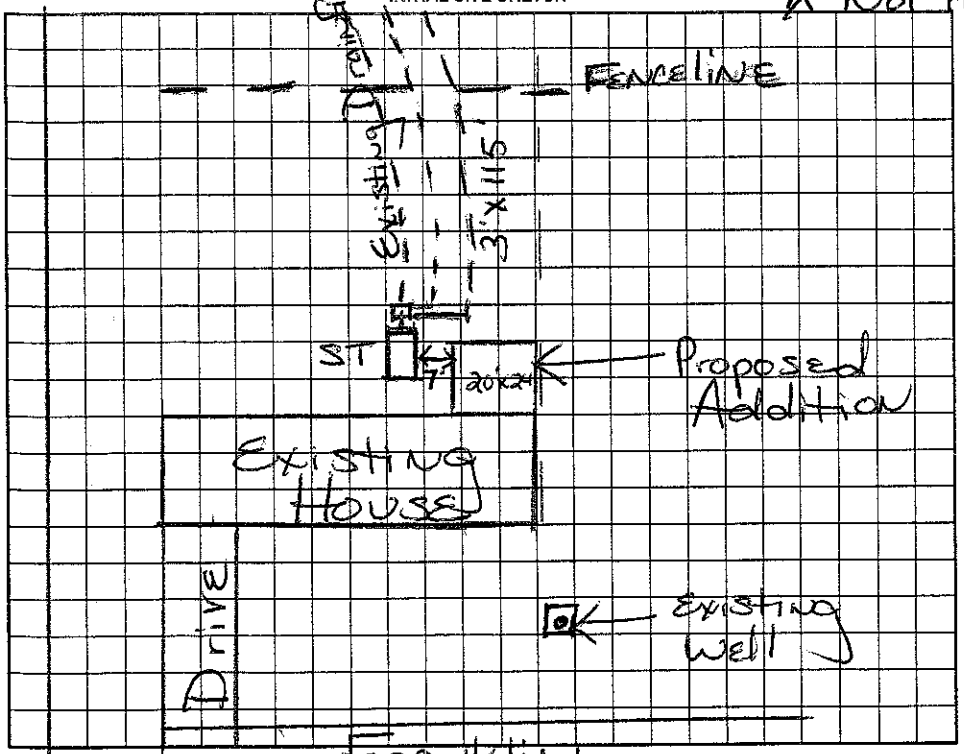
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: Keep addition at least 5' from Existing Septic System

Comments:/Conditions: Existing Septic System appears to be functioning at time of inspection, no problems noticed.

INITIAL SITE SKETCH ★ Not to Scale



AS BUILT SKETCH

Original System Installed 1991.

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 Ken Jones date 6/22/00 Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 6/22/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson date 6/22/00

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