(9538)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4667 74 4083 DATE 7/25/2001

OWNER OR CONTRACTOR Peggy White PHONE: Business 799-9713 Home 660-9426

ADDRESS 134 Linwood Mooresville, NC 28115

LOCATION Main St TR Linwood 2nd house on right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/7/01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ~
No Lines Bed Trench Width 21'X54' Max Trench Bottom Depth 36" Gravel Depth ____

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conv.
Repair System Description: Gravity - 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

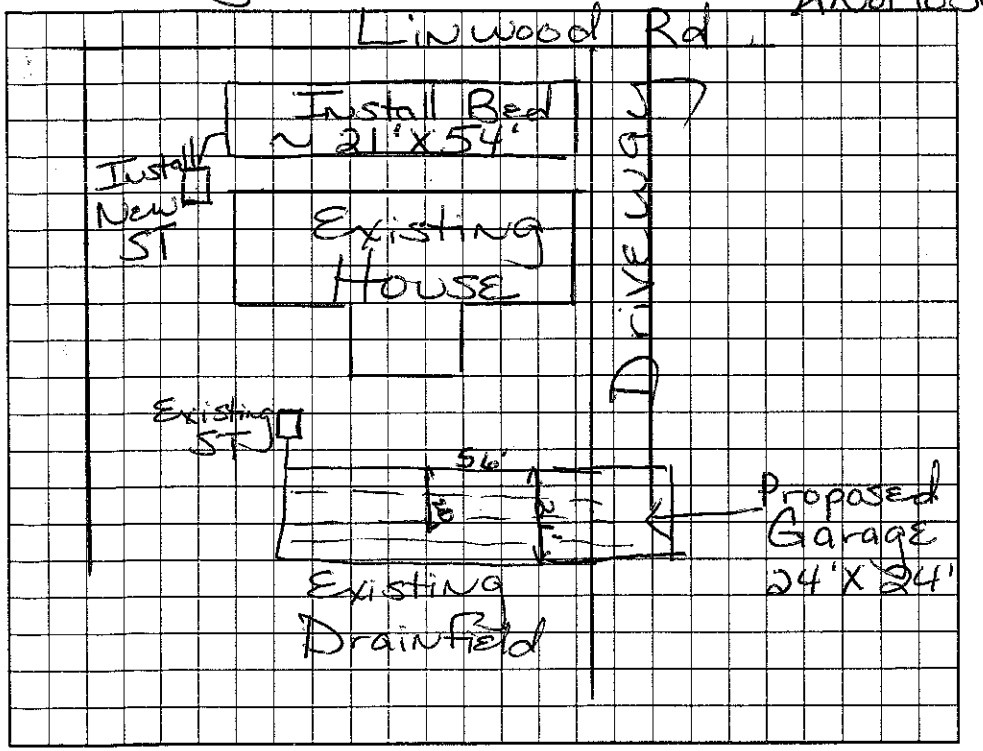
☒ House/Mod. Home No. Bedrooms 3 + Apt
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: *Install NEW ST out of way of Utilities, especially Gas line. Install New ST & Cut off Flow to Existing Septic System

Comments/Conditions: Install Plastic Chamber or EZ Flow drainlines in bed. ~21'x54' **Plumbing will have to be reworked to come out front

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 Peggy White date ____ Installed by: Curt Dunning

Improvement Permit by: Maint. H.H. Tolson RS date 7/25/01 Operation Permit by: Wesley Parks RS. date 8/21/01

~~Authorization to Construct by:~~ Maint. H.H. Tolson date 7/25/01 Existing System Inspection by: ____ date ____

Repair

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