IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid 1238 MOORESVILLE 704-664-5281

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

PERMIT# 1477 PIN# ~~4668 73 0739~~ ~~4638 H 4496~~ 4668-73-0739 DATE 6/12/01

OWNER OR CONTRACTOR Jackie McClay PHONE: Business _____ Home _____

ADDRESS 135 Eastridge Rd. Mooresville, NC. 28115

LOCATION 150 East TL Overhead Bridge Rd. TR Elephant TL Eastridge to # 135 on (L)

SUBDIVISION Eastridge BLOCK / SECTION _____ LOT 8 LOT AREA ~.6 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 5/13/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210
No Lines 3 @ 70' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

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

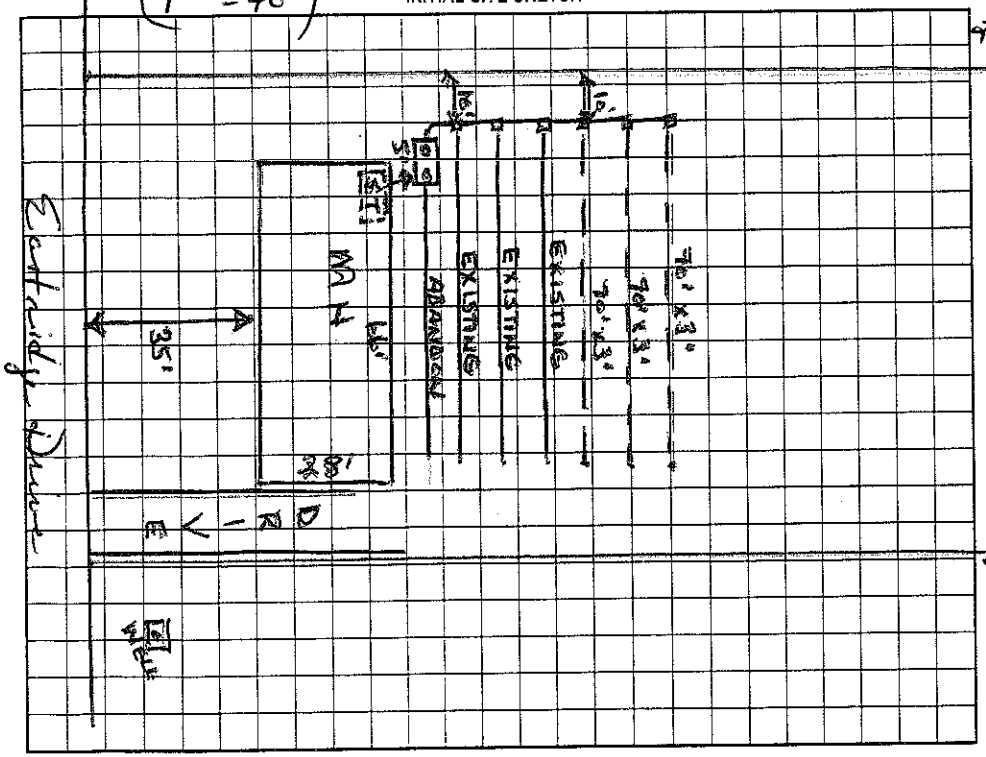
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
NEIGHBORS

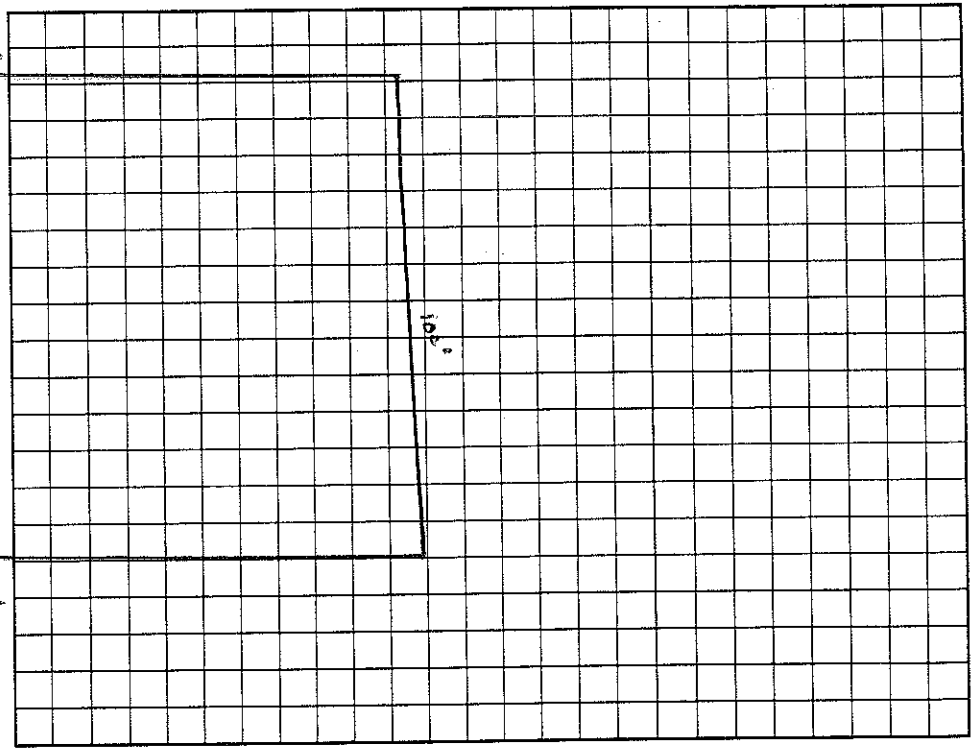
Comments:/Conditions: Moving Septic Tank to new location and adding 3 Main Lines.

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 40')



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: * David R. Dyke date 6/14/01 Installed by: Tucker

Improvement Permit by: Wesley Sparks RS. date 6/12/01 Operation Permit by: _____ RSI date 6/15/01

Authorization to Construct by: Wesley Sparks RS date 6/12/01 Existing System Inspection by: _____ date _____

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