1.30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4277 PIN# IN A 152 4668 73 7001 DATE 8/21/98

OWNER OR CONTRACTOR Paul R. Jones PHONE: Business _____ Home 663-3229

ADDRESS 222 Oliphant Rd Mooresville, NC. 28115

LOCATION 80 N to Oliphant to 4th drive on (R)

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-6-98

Pump Tank: 1000 Gallons; PT 27 Date 7-24-98

Pump Make: Gould Model WE05111 Serial No. F9934148

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PresMan – Conventional

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

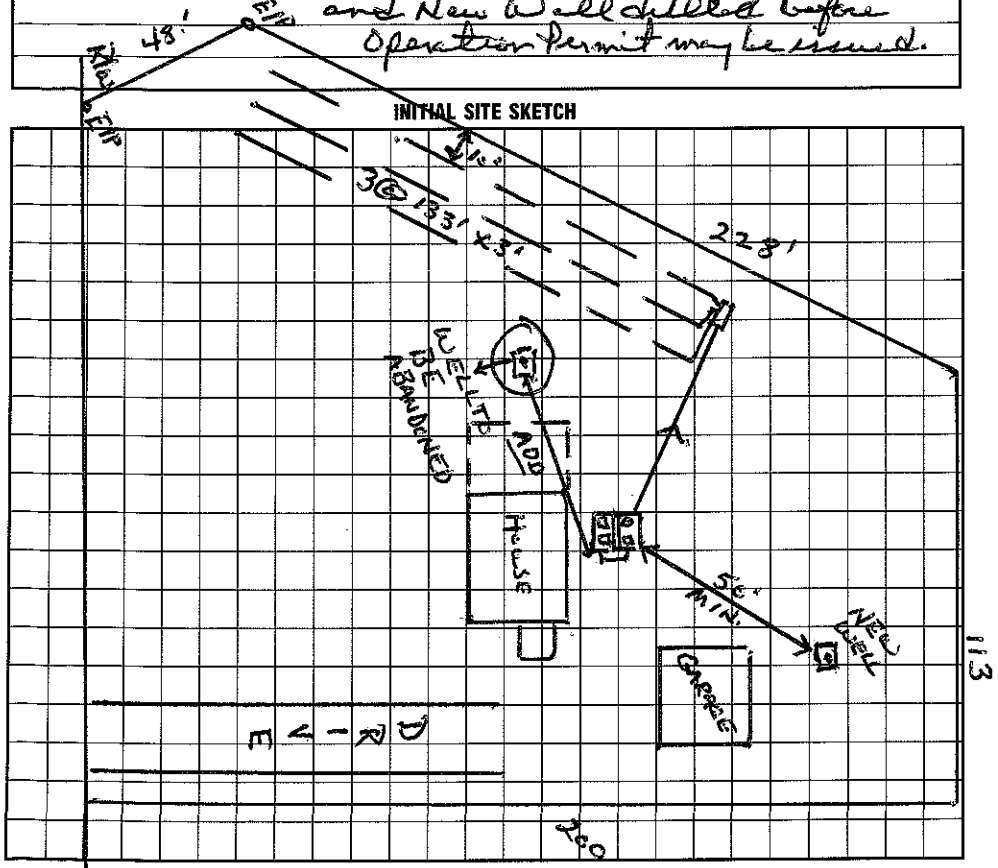
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Well casing must be properly abandoned and New well drilled before Operation Permit may be issued.

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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: [signature] date 8/28/98

Improvement Permit by: Wesley Sparks R.S. date 8/21/98

Authorization to Construct by: Wesley Sparks R.S. date 8/24/98

Installed by: F I Ervin

Operation Permit by: Wesley Sparks R.S. date 9/8/99

Existing System Inspection by: _____ date _____

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