IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7440 PIN# 4668829014 DATE 4/11/99

OWNER OR CONTRACTOR Elizabeth Uptain PHONE: Business 663-4511 Jim Lane Home 662-0653

ADDRESS 145 Sardis Rd Mooresville, NC 28115

LOCATION Hwy 801 N TR Sardis Rd - 7th house on left - 145 Sardis

SUBDIVISION Beverly Pk BLOCK / SECTION ____ LOT 35-38 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 gpd L.T.A.R. ____

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet ____ Linear Feet ____

No Lines ____ Trench Width STING Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees ____

☐ Other ____

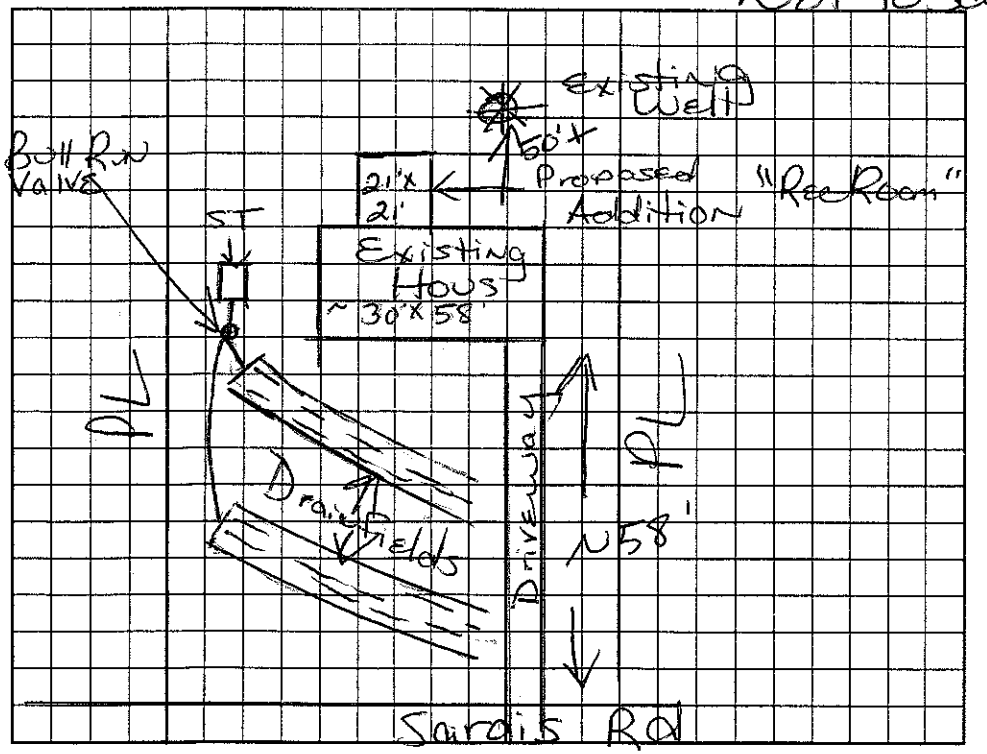
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of this inspection. (Septic System Sized for 3 Bedroom)

Comments:/Conditions: Okay to add proposed "Rec Room" to house

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: James L. Dane Jr. date 4/12/00 Installed by: ____

Improvement Permit by: Maria H. Holcombe date 4/11/00 Operation Permit by: ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H. H.

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