IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281 12:30

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

PERMIT# 10252720 PIN# 4669208231 4669208014 DATE 9/25/01

OWNER OR CONTRACTOR Bennya Debra Fuller PHONE: Business 664-5281 Home 662-8064

ADDRESS 151 Rebel Hill Rd. Mooresville NC

LOCATION Hwy 21 TR Shinnville Rd TR Pond View TR Rebel Hill property on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~12 acres SITE CLASS. PS DESIGN FLOW 480gpd T.M.R. .325

Septic Tank: Existing Gallons STB _____ Date _____

Pump Tank: _____ Gallons PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 @ 100' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

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

System Description: Upgrade Gravity-Conventional

Repair System Description Gravity-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

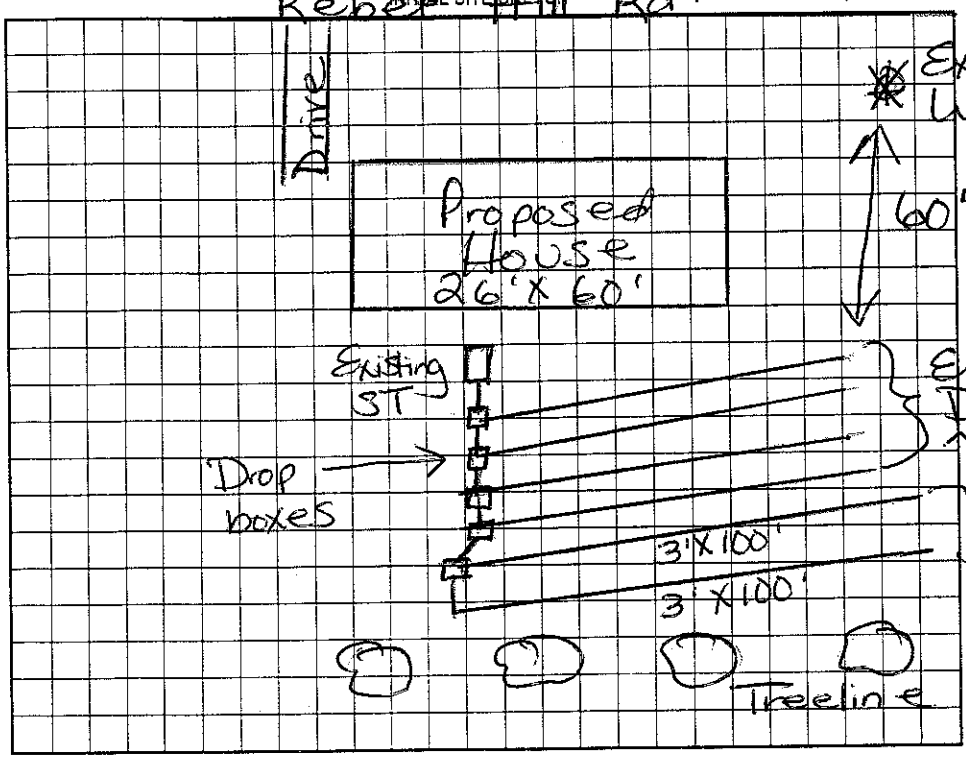
Water Supply: ☒ Individual ☐ Public ☐ Community

Add

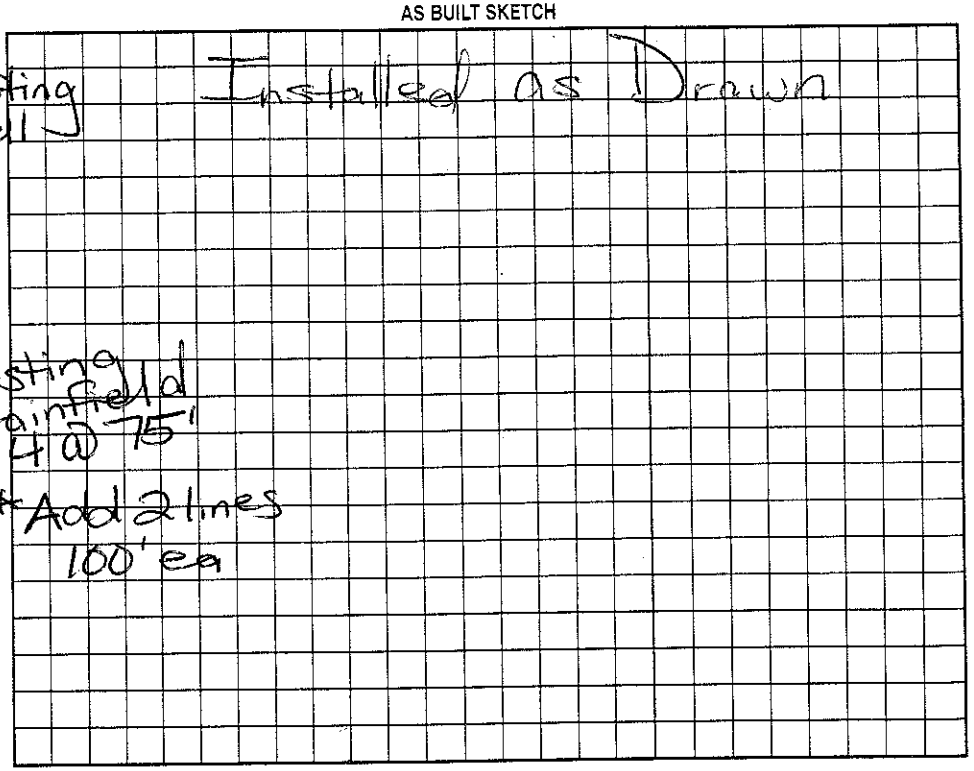
Comments:/Conditions: Hook onto lowest drop box & add 2 lines @ 100' each. (existing Septic System appears to be functioning at time of inspection.

Comments:/Conditions: Upgrading From 3 Bedroom to 4 Bedrooms

INITIAL SITE SKETCH



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: Debra K. Fuller date 1-29-02 Installed by: Abee's Gradings

Improvement Permit by: Maria H. Dotson RS. date 9/26/2001 Operation Permit by: Maria H. Dotson RS date 8/26/04

Authorization to Construct by: Maria H. Dotson RS date 9/26/2001 Existing System Inspection by: _____ date _____

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