4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101609 ZO PIN# ~~4669 92 0 9687~~ 4669 20 8711 DATE 5-5-03

OWNER OR CONTRACTOR Jeffrey Nanney PHONE: Business 829-7771 Home 1623-3495

ADDRESS 141 Pond View Ln Mooresville, NC 28115

LOCATION Hwy 21 N. TR Shinnville TR Pond View on left

SUBDIVISION N/A BLOCK / SECTION ____ LOT Tract 1 LOT AREA 1.79 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 5-12-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080' Linear Feet 360'
No Lines 6@60' Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other ____

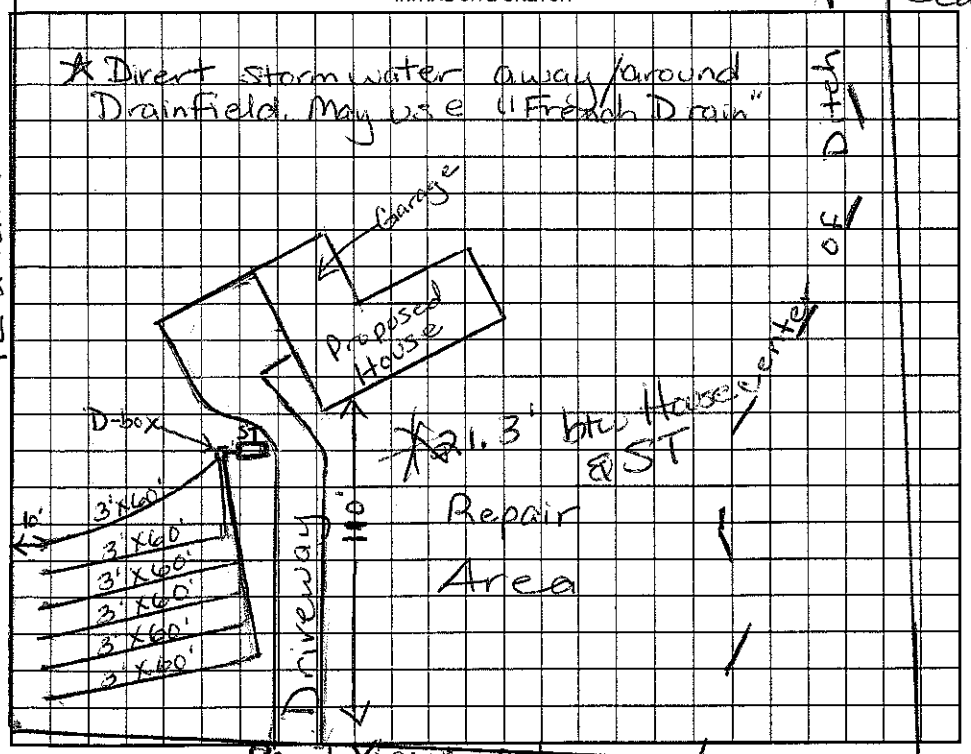
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared existing ☐ Public ☐ Community

Comments/Conditions: PL 274.47

Comments/Conditions: Note: Will be sharing existing well from next door - same owner. Keep Septic System at least 10' to PL, 100' to well & 15' from any cut 2ft or greater. Can NOT drive over system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Okay to use "drop boxes" as long as 24" trench bottom is maintained.

Installed "Plastic Chambers" as Drawn

Used "drop boxes"

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 Chris Nanney date ____

Improvement Permit by: Maria H. Watson RS date 5/5/03

Authorization to Construct by: Maria H. Watson RS date 5/5/03

Installed by: Joe Thompson RS

Operation Permit by: Maria H. Watson date 10-16-03

Existing System Inspection by: ____ date ____

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