IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# N/A 4669264807 DATE 6/14/06

OWNER OR CONTRACTOR Amy & Mike Crisp PHONE: Business 896-8904 Home 664-6934

ADDRESS 663 Shinnville Rd Mooresville NC

LOCATION Hwy 21 N TR Shinnville Rd ~ 2.4 miles NEXT to Orbinson's Storage lot

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~ 1ac SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. .30

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet 200'

No Lines Bed 6' Trench Width 6' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity-Conventional

Repair System Description: Gravity-Conv

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

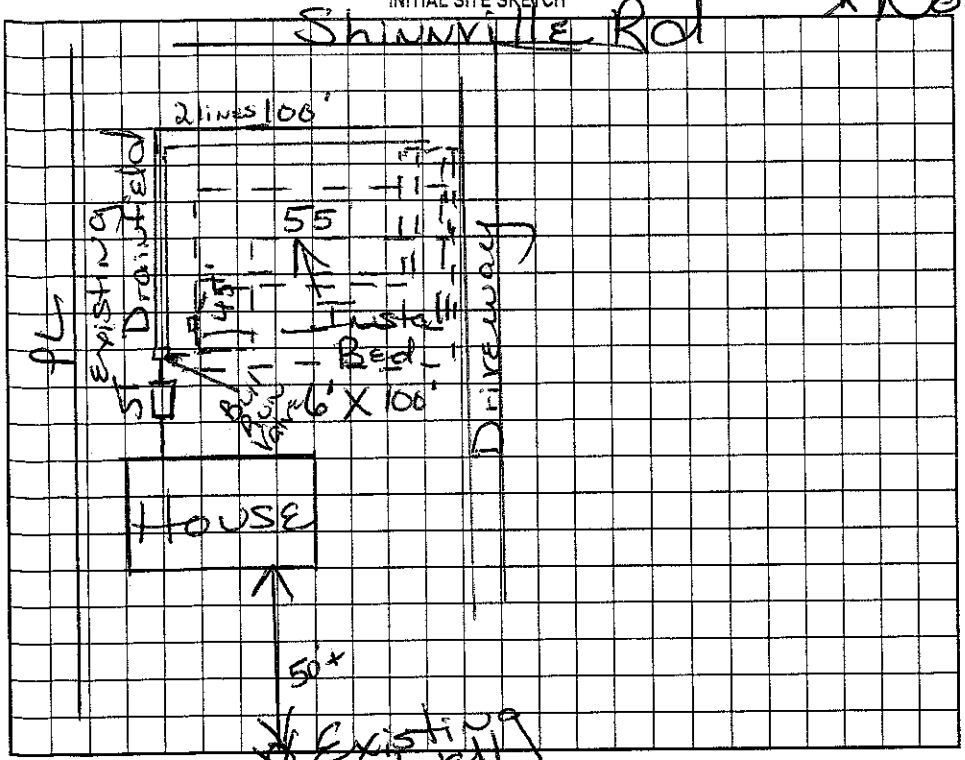
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

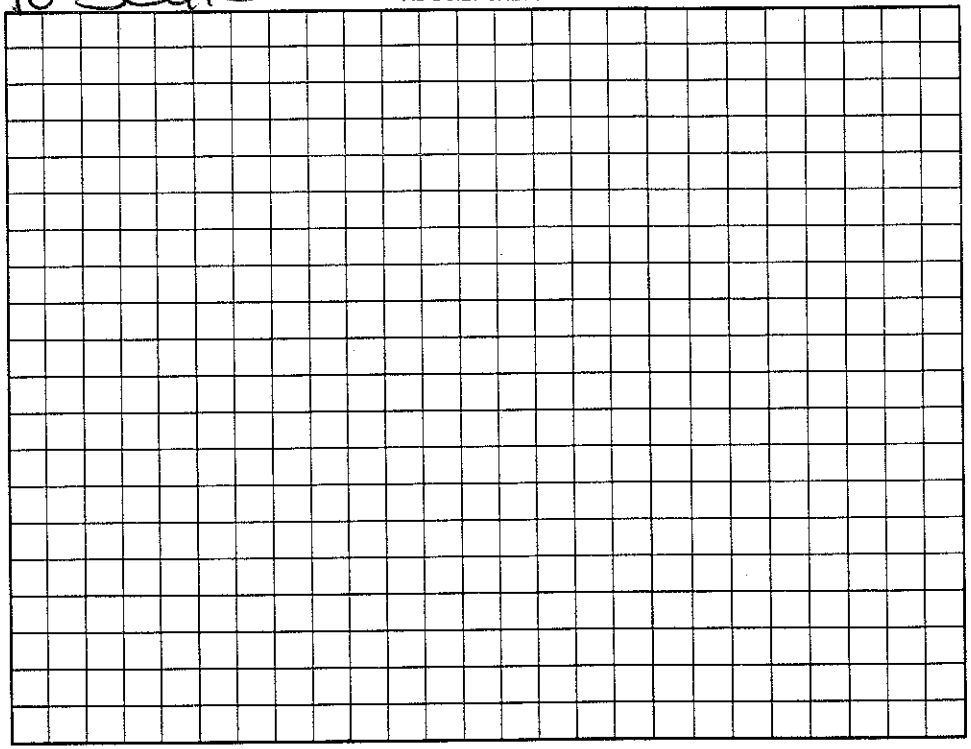
Comments:/Conditions: Install Bull Run Valve & 6' X 100' long Bed Drainfield Stay at least 5' from house & 10' from PL

Comments:/Conditions: Septic System installed 1979 originally New System is #2 on Bull Run Valve

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: X Michael W. Crisp date 6-14-06 Installed by: Wayne Orbison

Improvement Permit by: Maria H. Robson RS date 6/14/06 Operation Permit by: _____ date _____

Repair

Authorization to Construct by: Maria H. Robson RS date 6/14/06 Existing System Inspection by: _____ date _____

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