IREDELL COUNTY HEALTH DEPARTMENT

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

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

4675927533

PERMIT# 084058 PIN# 4675729182 ~~4675 82 3464~~ DATE 9/28/99

OWNER OR CONTRACTOR Glen Powers PHONE: Business _____ Home 664-1373

ADDRESS 184 Powers Hill Dr Mooresville NC 28115

LOCATION 136 TL Patterson Farm TL Powers Hill at End

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. Existing

Septic Tank: 1000 Existing Gallons STB _____ Date _____

Pump Tank: _____ Gallons PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

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

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

System Description: Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3+Office No. Bathrooms 3.5 No. Employees _____

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

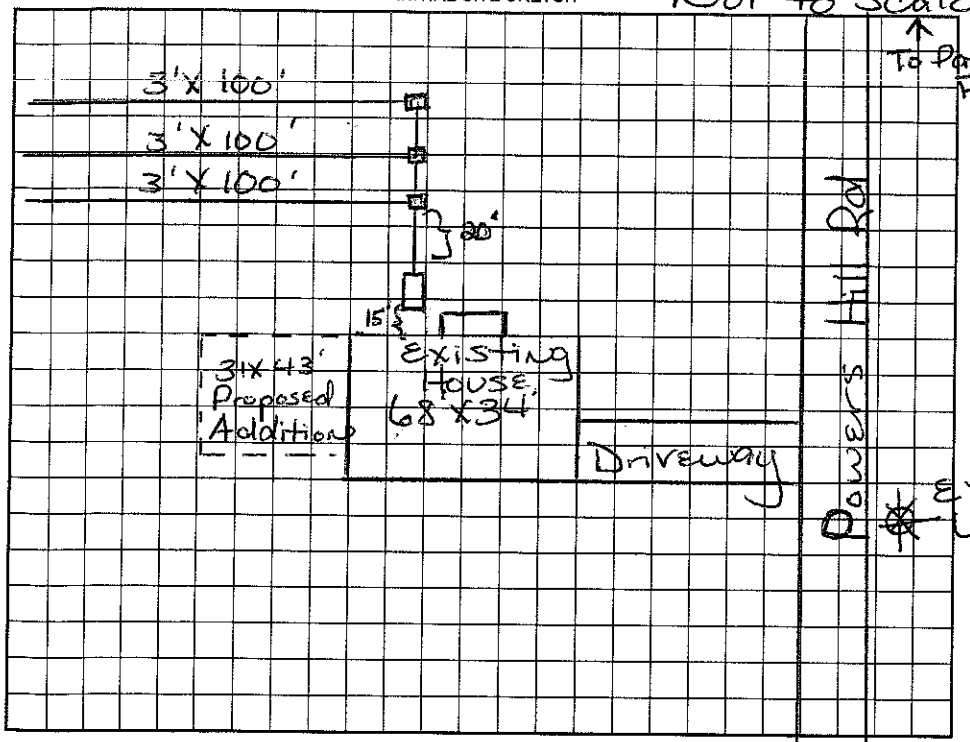
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection No problems Noticed.

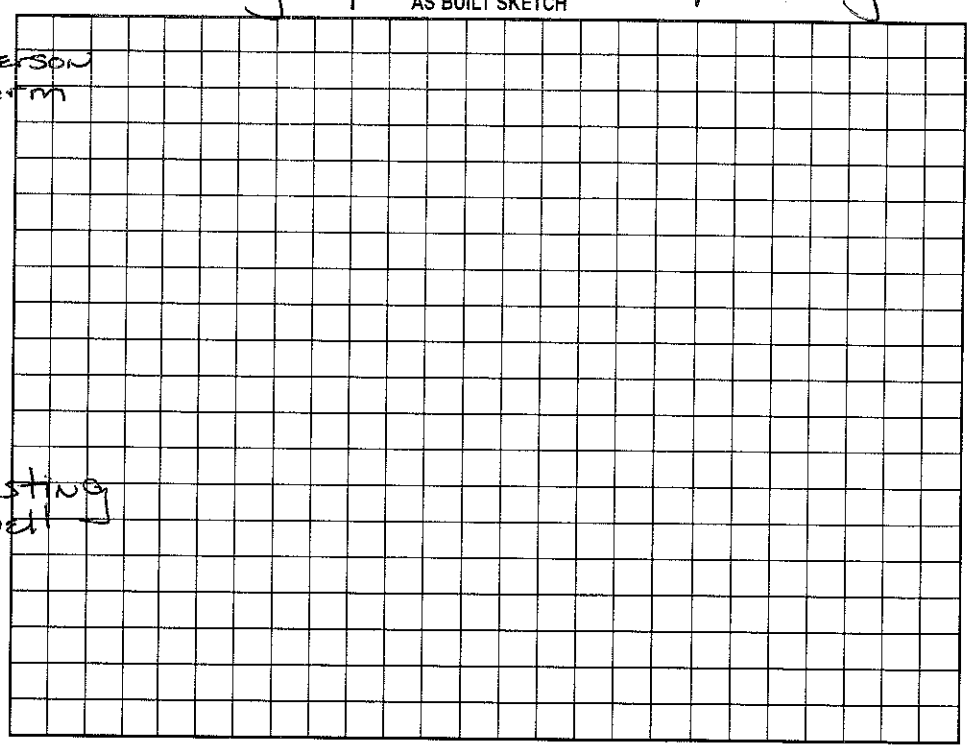
Comments:/Conditions: System okay for 3 Bedrooms + Office

*Septic tank should be pumped at prior to hooking up addition to Septic System

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 Ann E Patton date 9/28/99 Installed by: _____

Improvement Permit by: Maria H. Dobson RS date 9/28/99 Operation Permit by: Maria H. Dobson date _____

Authorization to Construct by: Maria Dobson date _____ Existing System Inspection by: Maria H. Dobson RS date 9/28/99

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