IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87490 PIN# 4676 35 07 02 DATE 2/15/00

OWNER OR CONTRACTOR MOONEY PHIFER PHONE: Business _____ Home 660-6157

ADDRESS 152 WOODWINDS MOORESVILLE NC 28115

LOCATION 150 E - TL LINWOOD - TL BRUMLEY - TR WOODWINDS - ON RT

SUBDIVISION QUAIL HILL BLOCK / SECTION _____ LOT 84 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3@100' Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☑ 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

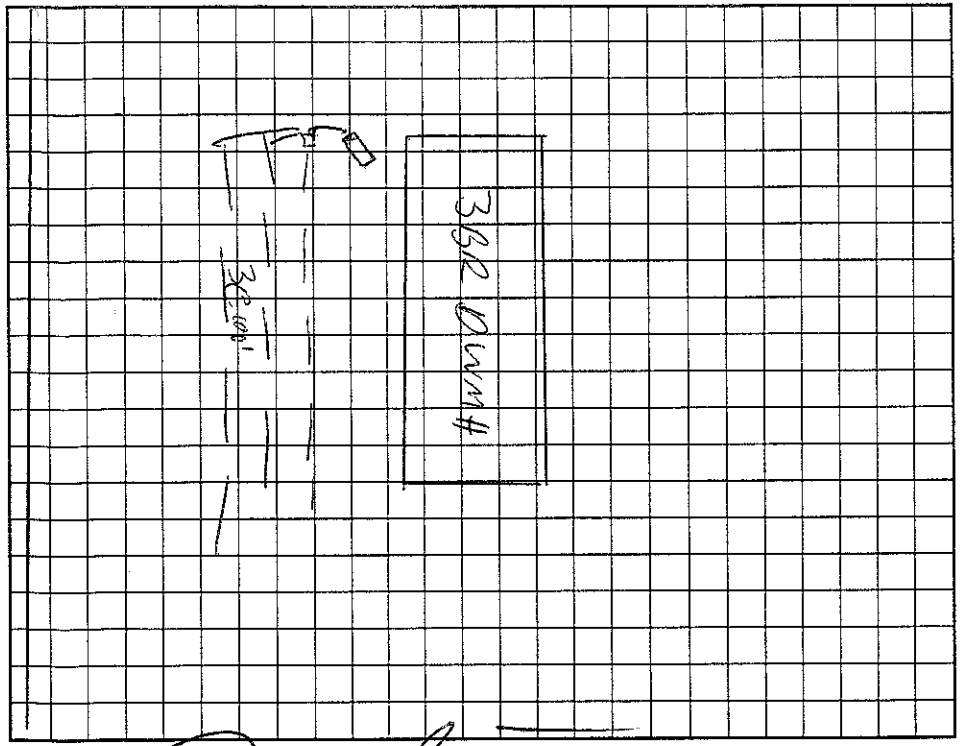
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

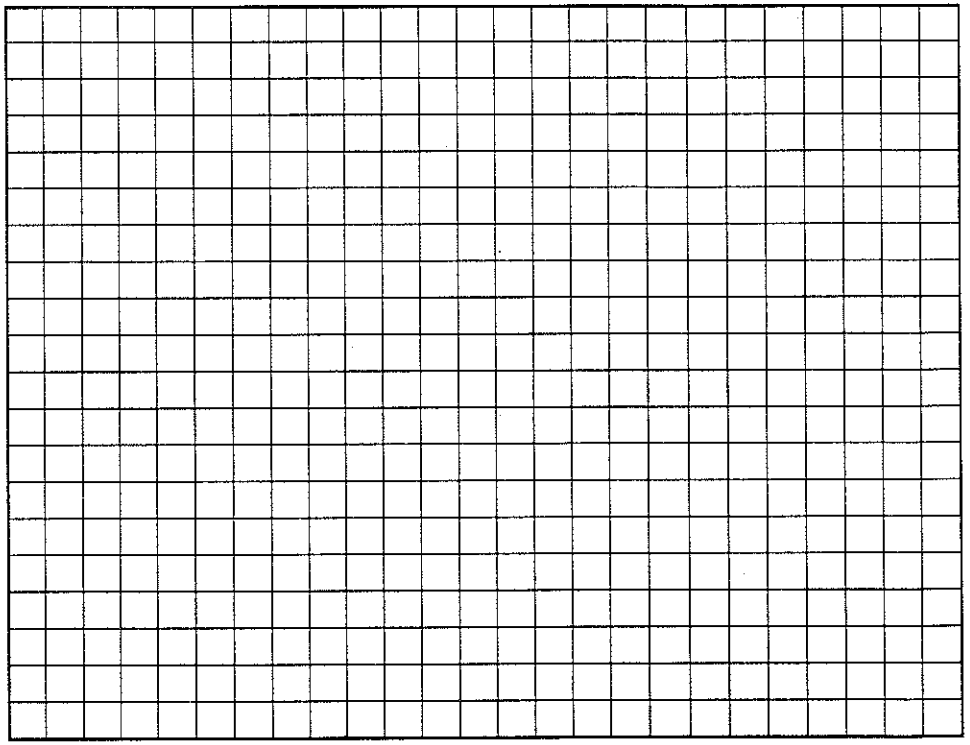
Comments:/Conditions: SYSTEM WAS VERY SATURATED. TIM AMMONS TARALIFTED DRAINFIELD AND IT SEEMS TO BE FUNCTIONING PROPERLY.

Comments:/Conditions: EXISTING SYSTEM

INITIAL SITE SKETCH



AS BUILT SKETCH



WOODWINDS

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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 2/15/00

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