IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7362 - MOORESVILLE PIN# ~~4677145630 PT~~ 4677 15 6045 DATE 7/9/99

OWNER OR CONTRACTOR ~~Contractor~~ STEVE SMALL PHONE: Business _____ Home _____

ADDRESS 1035 DAVIS ST MOORESVILLE

LOCATION MAIN ST - 152 - TR AZALEA RD - AD END

SUBDIVISION – BLOCK / SECTION – LOT 3 LOT AREA 2 AC SITE CLASS. LS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-18-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 50' Trench Width 36" 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: PUMP 25%

Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

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

☐ House/Mod. Home No. Bedrooms 3

☒ ~~Mobile Home~~ No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Grey filter installed
Lines 2, 3 & 4 & 7 checked
Tanks Checked
* Need to check lines 1, 5, 6 & 8

INITIAL SITE SKETCH

SEE ATTACHED PLAN.

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: Steve Small date _____

Improvement Permit by: C. Ly RS date 7/9/99

Authorization to Construct by: C. Ly RS date 7/9/99

Installed by: ~~Alexandar~~ Precast C & J Backhoe

Operation Permit by: C. Ly RS date 9/28/01

Existing System Inspection by: _____ date _____

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