4:00 - 704-892-7385

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4902 PIN# 4677 34 4096 DATE 3/12/98

OWNER OR CONTRACTOR BOWELONE ARONNERANGSY PHONE: Business _____ Home 664-1441

ADDRESS 4395 HWY 150 FAM RD - MOORESVILLE NC 28115

LOCATION HWY 150 AT (AT) CARRIGAN FARM) OR INTERSECTION 152 & 150 - TR ALEXANDER ACRES ON RT

SUBDIVISION UNKNOWN EST BLOCK / SECTION _____ LOT ~~A~~ B LOT AREA ~2 AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/23/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

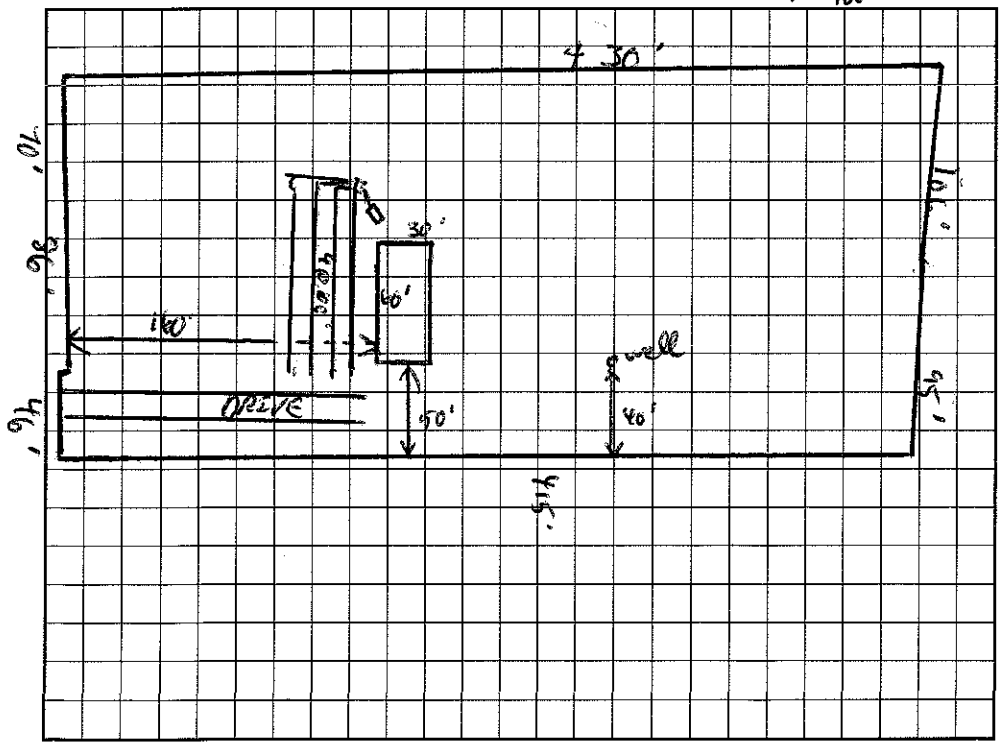
☐ ~~House~~/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments:/Conditions:
95
84
85

Comments:/Conditions:

INITIAL SITE SKETCH 1"=100'




AS BUILT SKETCH

I understand that this 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: Bowelone Aronnerangsy date 3/12/98 Installed by: TIM Ammons

Improvement Permit by: C. [signature] RS date 3/12/98 Operation Permit by: C. [signature] RS date 6/2/98

Authorization to Construct by: C. [signature] RS date 3/12/98 Existing System Inspection by: _____ date _____

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