Blue Sign - 282

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093671 PIN# 4679 40 2545 / 4679308596 DATE 1/24/01

OWNER OR CONTRACTOR Michael Fanninger PHONE: Business _____ Home 662-6860

ADDRESS 163 Shish Rd. Mooresville, NC. 28117

LOCATION Magoffin Rd. TL 801 N TR Wiggins Rd. ~ 1 mile on (R) · 7150 feet off road

SUBDIVISION No BLOCK / SECTION _____ LOT No LOT AREA 24 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/31/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5@106' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: New - Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

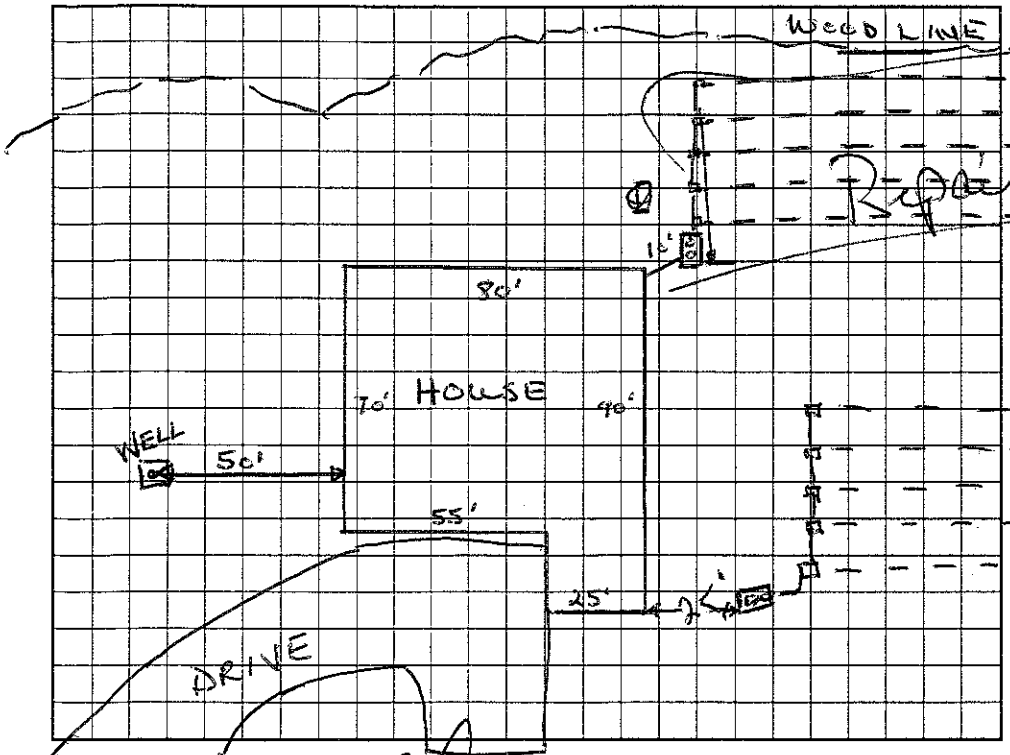
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

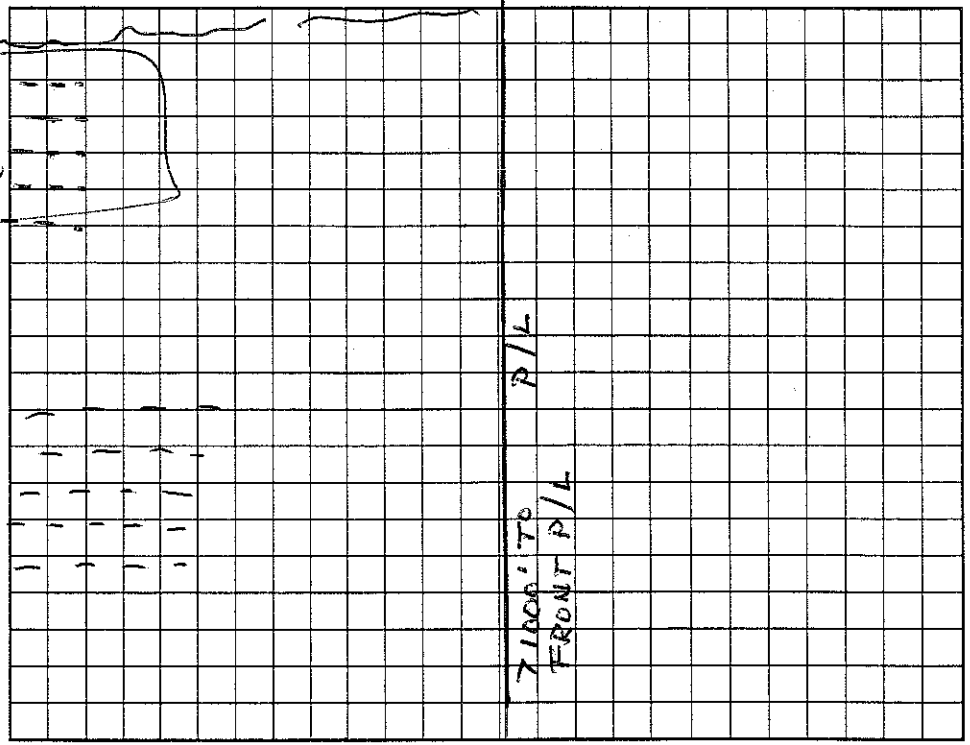
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



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: * Michael Fanninger date 2-7-01 Installed by: Larry Beam

Improvement Permit by: Wesley Sparks RS. date 1/24/01 Operation Permit by: Wesley Sparks RS. date 8/23/02

Authorization to Construct by: Wesley Sparks RS. date 1/24/01 Existing System Inspection by: _____ date _____

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