IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078741 PIN# 4679591464 PT / 4679496612 DATE 1/26/99

OWNER OR CONTRACTOR Paul Combs PHONE: Business _____ Home 704-664-3290

ADDRESS 2247 Charlotte Hwy, Mooresville, NC 28115

LOCATION Cool Creek LN / Federate, TR Cool Creek, Past 4th lot Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT ~~10.50~~ LOT AREA 10.50 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 11/13/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines X5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Grav/Conv.
Repair System Description: Grav/Conv.
Maintenance Agreement Required: ☐ Yes ☐ No

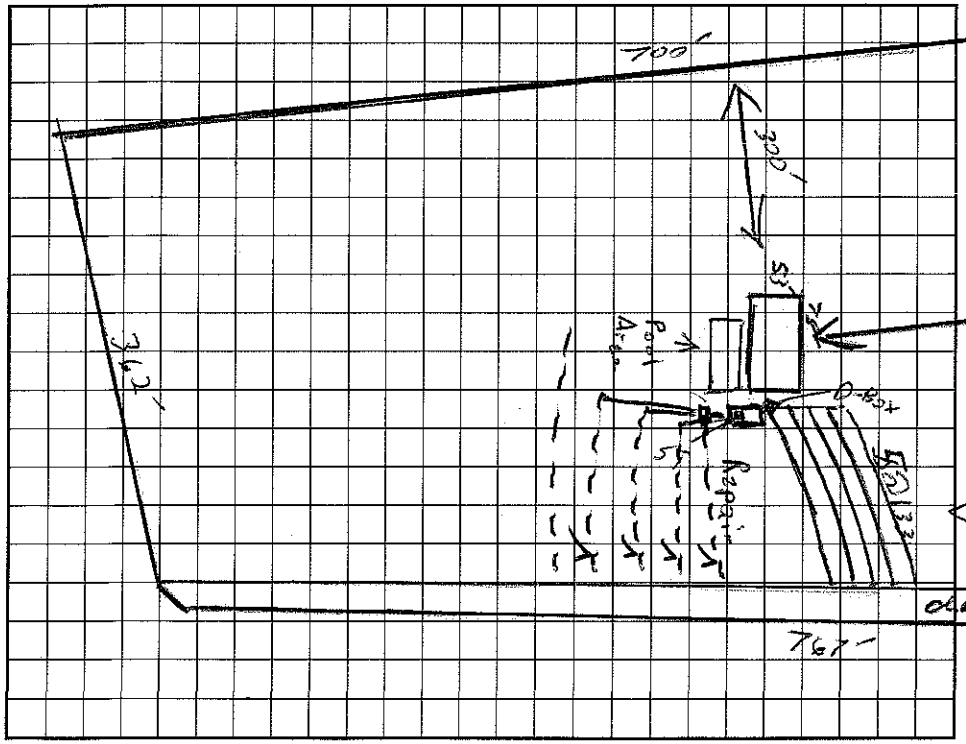
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

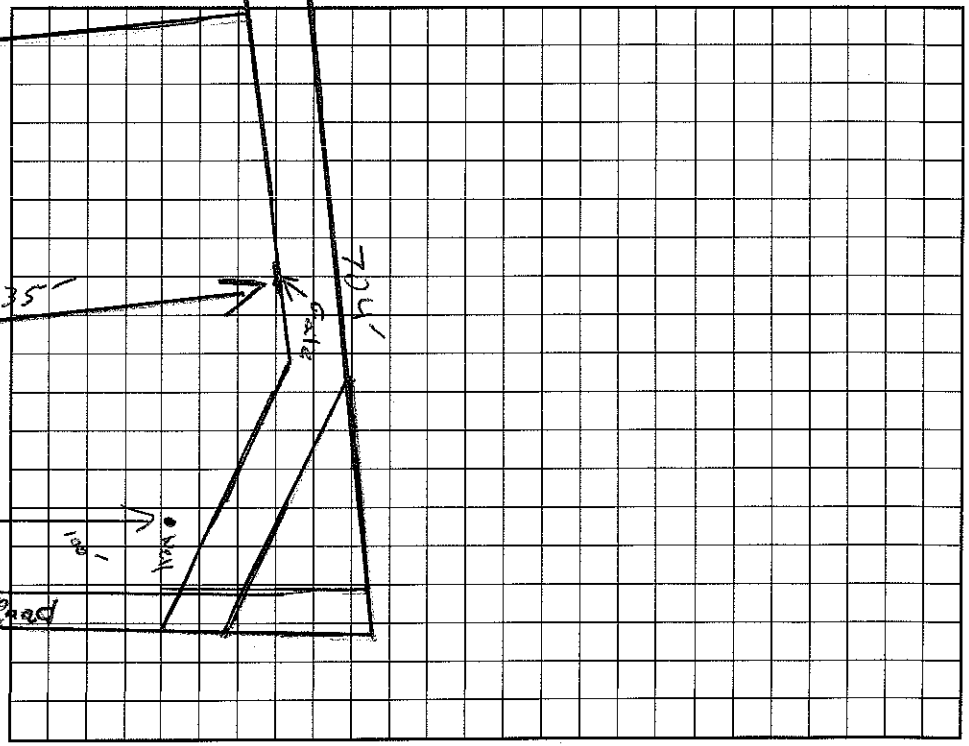
Comments:/Conditions: Keep well 100' from Septic System
Lines installed deep. 2/23/2000
Not to Scale

Comments:/Conditions: Stay 15' off basement
" 15' off Pool Area
Keep lines on contour
Keep lines out of OLD Road Bed

INITIAL SITE SKETCH



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: Paul Combs date 1-29-99
Improvement Permit by: Jeff Morgan date 1/26/99
Authorization to Construct by: Jeff Morgan date 1/26/99

Installed by: Wm Scott Greene RS
Operation Permit by: Maina M. Eason RS date 2/23/2000
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