IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111417 PIN# 4684 168555 DATE 3/14/03

OWNER OR CONTRACTOR Timothy Putt / Regina Johnson PHONE: Business 777-8881 Home 782-0399

ADDRESS 290 Rustic Rd Mooresville NC 28115

LOCATION Hwy 136/3 TL Patterson Farm x Creek TR Rustic Rd ~ 1/4-1/2 mile on RT just past Rathbone

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 gpd 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 _____ Trench Width 1.5 ft. Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Existing Gravity Conventional
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

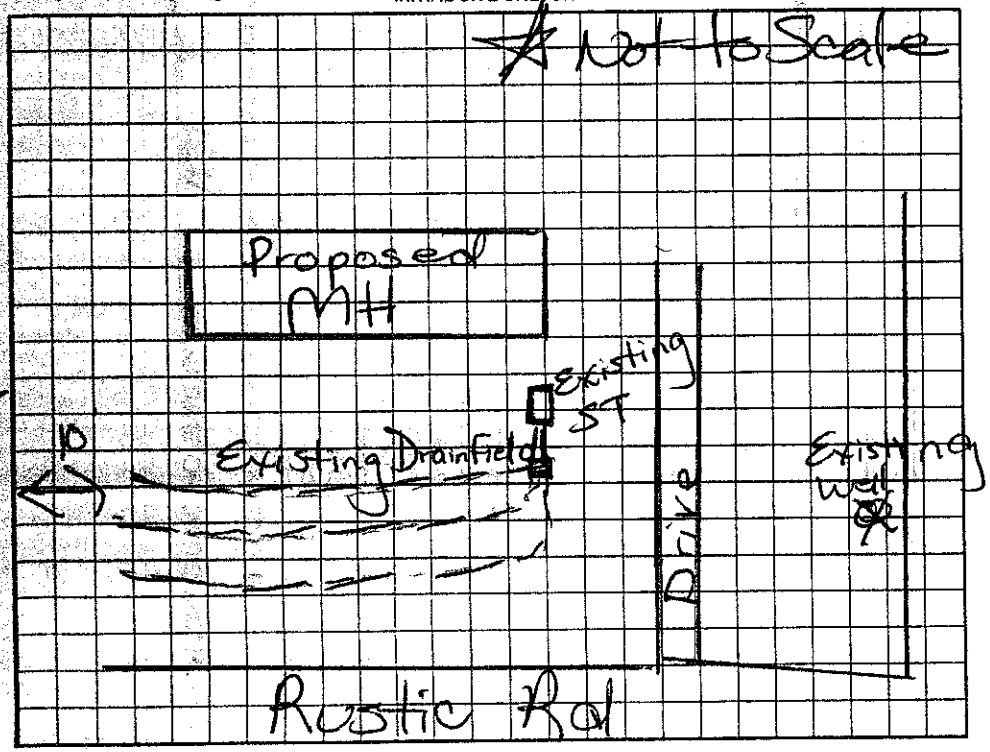
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual Shared
☐ Public
☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problems noticed.

INITIAL SITE SKETCH

Not to Scale



Comments/Conditions: Note: Septic System originally permitted for 3 Bdrm

Keep new MH at least 5' from Septic system.

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: Timothy L. Putt date _____

Improvement Permit by: Maria H. Dotson RS date 3/14/03

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dotson RS date 3/14/03

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