3:30

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088772 PIN# 4675-93-7074 Pt. / 4685037055 DATE 6/13/00

OWNER OR CONTRACTOR James Dilliland PHONE: Business _____ Home 663-7847

ADDRESS 135 Dun Rovin Ln. Mooresville, NC.

LOCATION 1365 TL Patterson Farm TL Dun Rovin, MH on L inside well

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~1AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1200 Date 4/27/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 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: 25% Reduced
Maintenance Agreement Required: ☐ Yes ☐ No

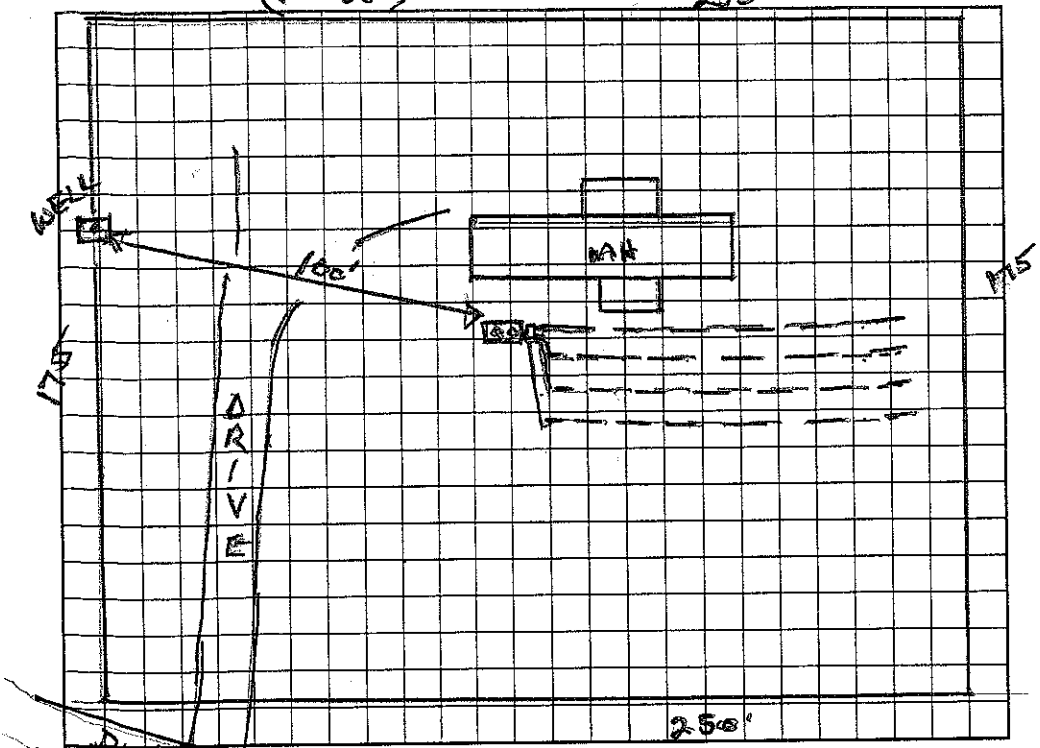
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Filter installed

(1"=50') INITIAL SITE SKETCH




AS BUILT SKETCH

Installed As Drawn

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.

* _____ date _____

Permit by: Wesley Sparks RS. date 6/13/00

Construct by: Wesley Sparks RS. date 6/13/00

Installed by: Landmark Grading (Bobby / Bebber)

Operation Permit by: Maina Watson RS date 6/14/2000

Existing System Inspection by: _____ date _____

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