IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083109 PIN# ~~4685130781 PT~~ 4685 13 2634 DATE 8/20/99

OWNER OR CONTRACTOR Veryl Glenn PHONE: Business _____ Home 662-0606

ADDRESS 719 Patterson Farm Rd. Mooresville, NC 28115

LOCATION _____

SUBDIVISION ——— BLOCK / SECTION — LOT — LOT AREA .5293 SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/15/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 24"-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Modified / Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

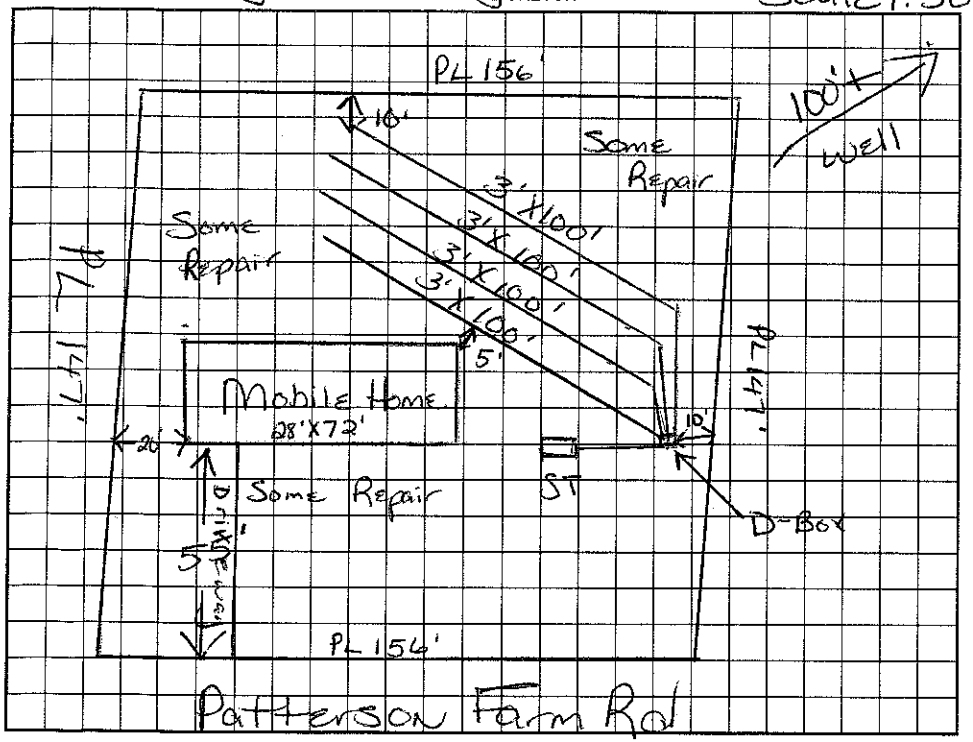
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual (Neighbor's) ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 5' From House. Must keep waterline 10' From any part of Septic System. Water Supply From Neighbor's well

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50'



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: Veryl E. Glenn date _____ Installed by: Larry Tucker

Improvement Permit by: Maria H H Dotson date 8/20/99 Operation Permit by: Wesley Sparks R.S. date 9/10/99.

Authorization to Construct by: Maria H H Dotson date 8/20/99 Existing System Inspection by: _____ date _____

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