IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118333 PIN# 4704-30-8022 DATE 5-13-04

OWNER OR CONTRACTOR Jason Lindsey PHONE: Business _____ Home (704) 674-6840

ADDRESS 140 Brook Hollow Dr. Statesville NC 28625

LOCATION I-40 W to Old Mountain Rd. TL TR Beulah Rd bears left on Mock Mill Rd TL Ashleybrook 2nd lot on left

SUBDIVISION Mock Mill Run BLOCK / SECTION _____ LOT 51 LOT AREA .38 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Ex.

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet Exist

No Lines 4 Ex. Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Con. Gravity

Repair System Description: _____

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

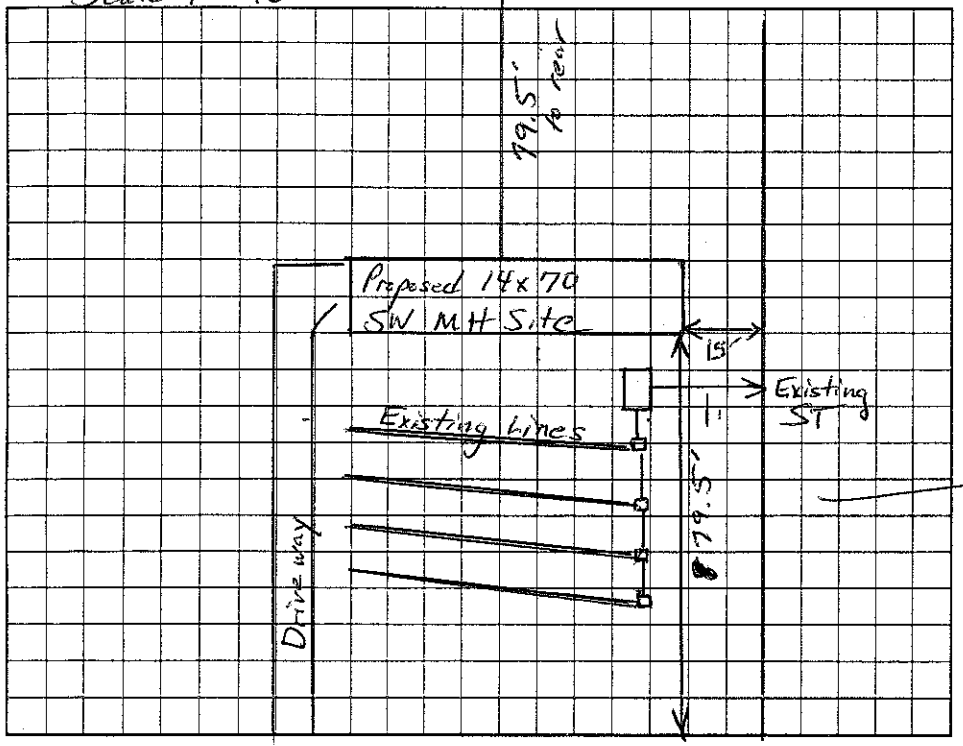
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

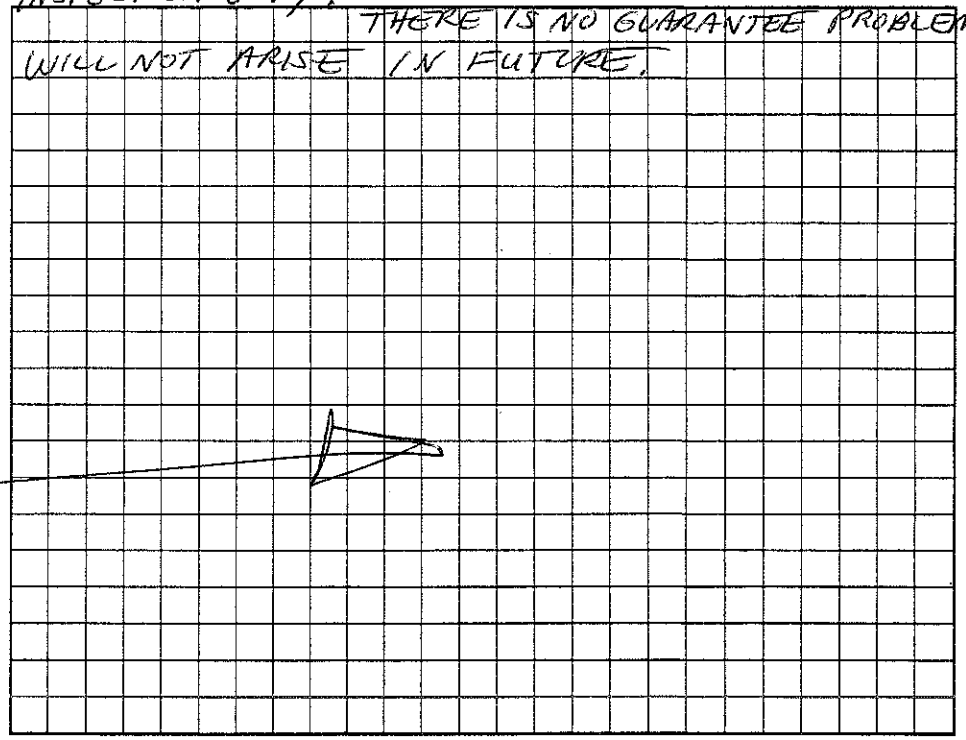
Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO CONSTRUCT TO EXISTING STRUCTURE (3) NEW STRUCTURE SHALL NOT INCREASE NUMBER OF BEDROOMS SYSTEM SIZED FOR (4) THIS IS A VISUAL INSPECTION ONLY. THERE IS NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE.

Scale 1"=40'

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: Jason R. Lindsey date 5-13-04 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: [signature] date 5-13-04

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