IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081560 PIN# 4704308219 DATE 6-21-99

OWNER OR CONTRACTOR Virginia Potter PHONE: Business _____ Home 873-1317

ADDRESS 166 Mock Mill Statesville NC

LOCATION I40W TL OMR TR Beulah Church Rd to Mock Mill Rd ~1/4 mile on left

SUBDIVISION Mock Mill Run BLOCK / SECTION _____ LOT 1 LOT AREA _____ SITE CLASS P15 DESIGN FLOW 360 L.T.A.R. .05 Existg

Septic Tank. 1000 Gallons; STB _____ Date _____

Pump Tank: Ex Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 80

No Lines 1 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth Rock

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: Crawl & Conventional

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

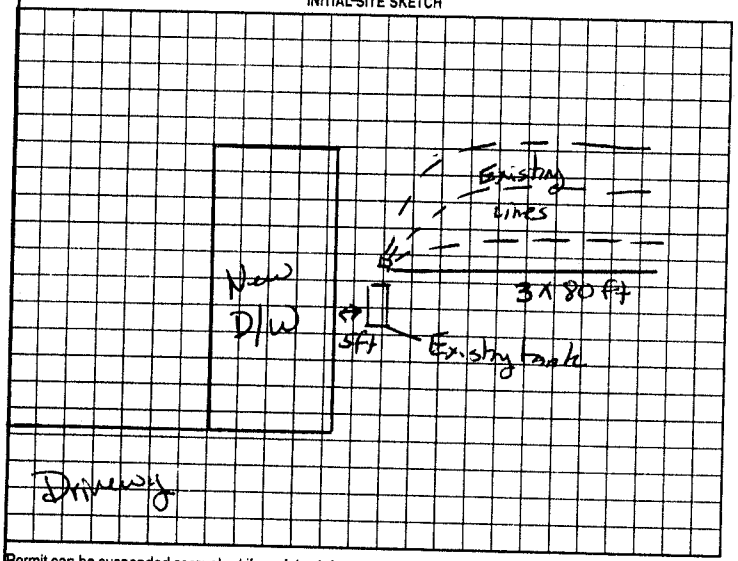
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

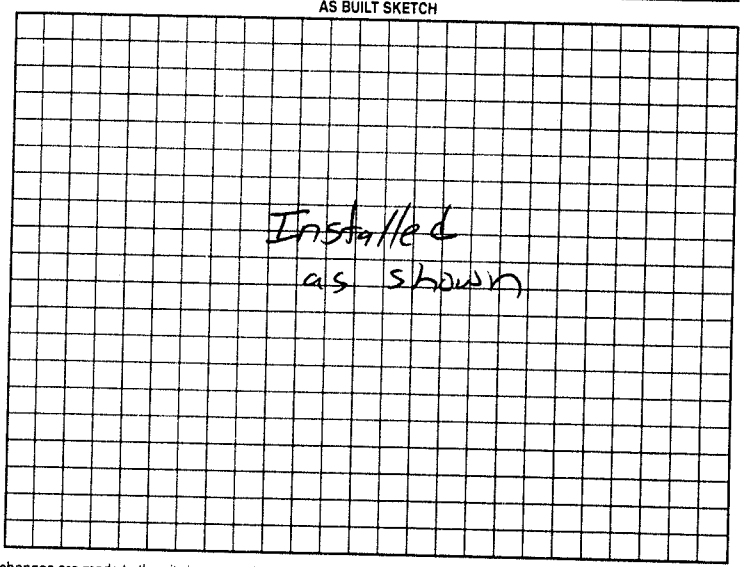
Comments/Conditions: Adding 3 Bed Rm
① Install one line on contour
② may need new Dist Box
③ Recommend pumping Tank

Comments/Conditions.

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: Virginia Potter date 6-22-99 Installed by: C&W

Improvement Permit by: Mary C Cutt date 6-21-99 Operation Permit by: Mary C Cutt RS date 6-28-99

Authorization to Construct by: Mary C Cutt date 6-21-99 Existing System Inspection by: _____ date _____

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