IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (D) MOORESVILLE 704-664-5281

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

PERMIT# 127017 PIN# 4710496649 7675 DATE 4-21-05

OWNER OR CONTRACTOR White House Builders Inc PHONE: Business 309-4301 Home 799-9500

ADDRESS P.O. Box 188 Mt. Mourne, NC 28123

LOCATION Buffalo Shoals Rd TL Laurel Cove Rd past Harborgate on right

SUBDIVISION Laurel Cove BLOCK / SECTION ____ LOT 3 LOT AREA .908 Acre SITE CLASS. PS DESIGN FLOW 240-360 LOT NBR. ____

Existing

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 150

Existing No Lines 2 Trench Width 24" Max Trench Bottom Depth ____

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

System Description: Existing Gravity - Panel Blk.

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2 3 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

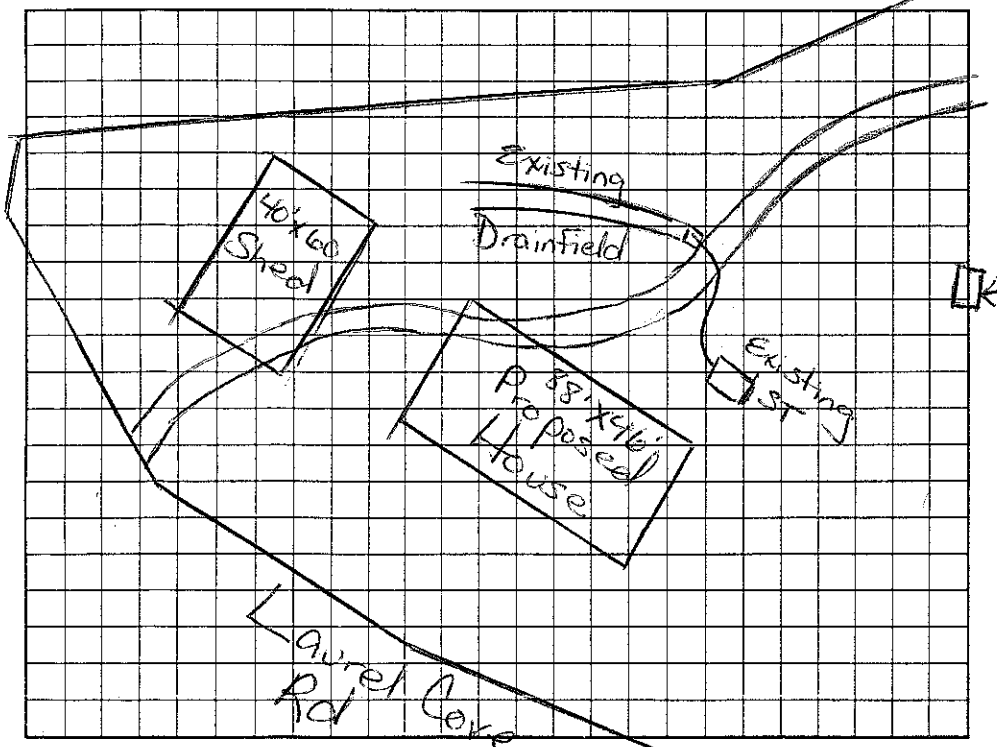
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual Exist.
☐ Public
☐ Community

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

Comments/Conditions: Note: Original permit dated 8-25-89 had a statement that "Septic tank system suitable for a 3 Bedroom house later."

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: DOL White date 4/4/05 Installed by: ____

Improvement Permit by: Maria H. Dolan RS date 4/21/05 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H. Dolan RS date 4/21/05

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