# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132984 PIN# 4770583528 DATE 2-7-06

OWNER OR CONTRACTOR Frank Fonda PHONE: Business _____ Home 704-248 0255

ADDRESS 210 Cove Creek RD Mooresville NC 28117

LOCATION I-40 West @ Old pt RD @ Buffalo Trail - @ Laural Cove @ Leland Terrace

SUBDIVISION Woodlands Branch BLOCK / SECTION River Hills LOT 34 LOT AREA 1.05 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-15-12

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 05 to Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

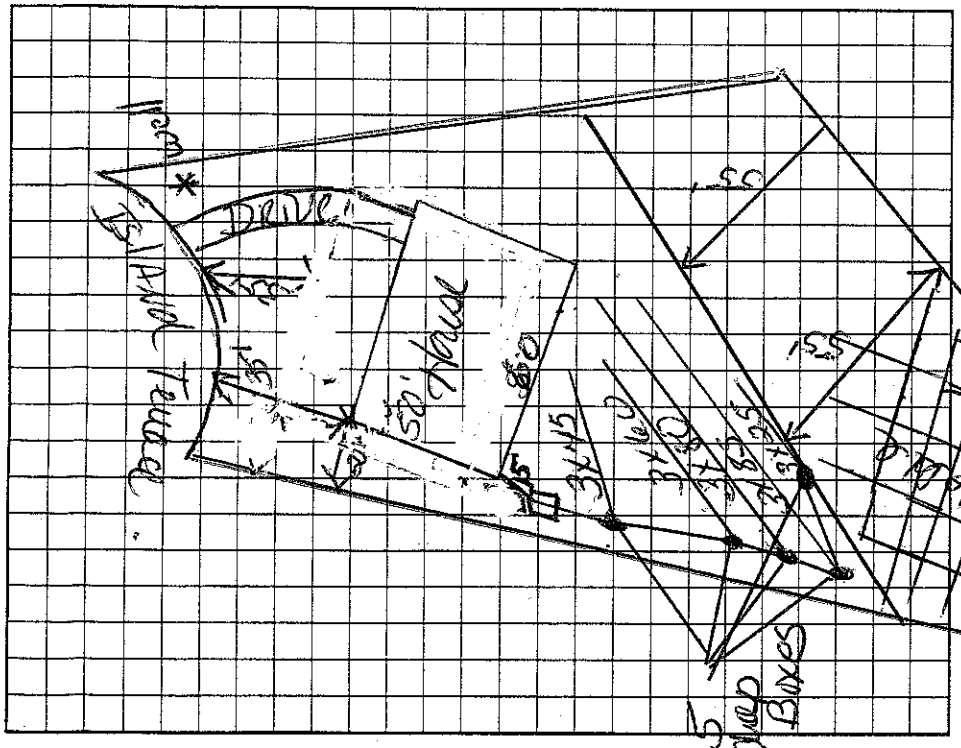
Comments:/Conditions:

Maintain all set backs
Install on Contour

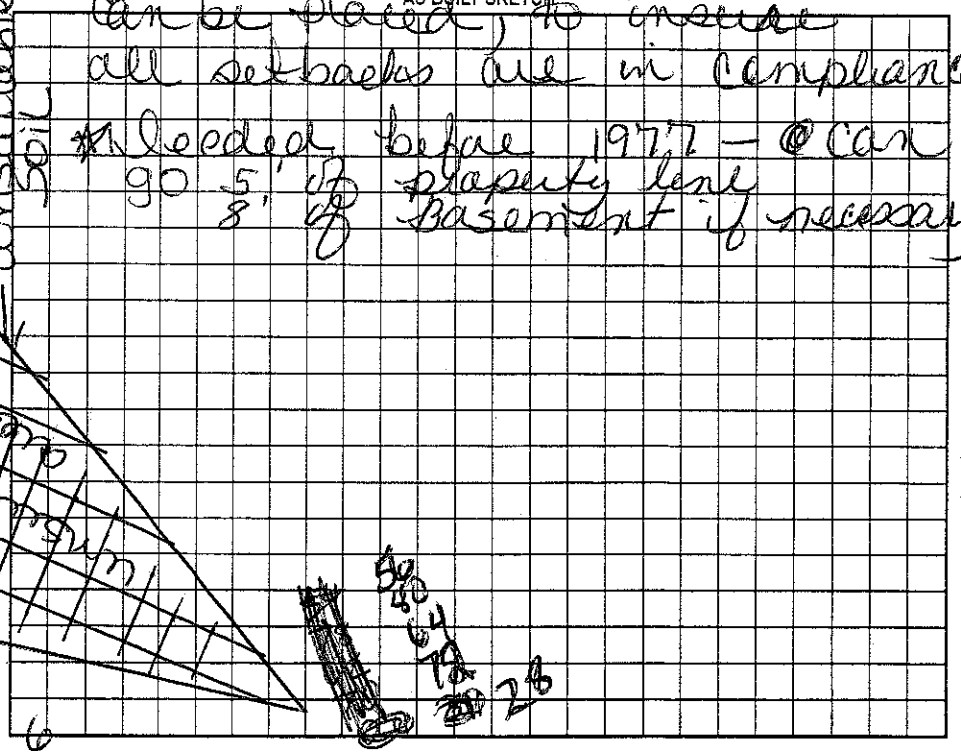
Comments:/Conditions:

* Call Health Department after land is cleared - Before any foundation @ construction Begins - so that lines can be placed, to insure all setbacks are in compliance!
* Needed before 1977 - @ car 90 5' off property line & Basement if necessary

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: _____ date 6-05-06 Installed by: Alexander Precast

Improvement Permit by: Keith Cook date 2-7-06 Operation Permit by: _____ date 10-4-13

Authorization to Construct by: R. Steve Healick date 1-8-13 Existing System Inspection by: _____ date _____

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