IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81047 PIN# 4721956321 DATE May 10, 99

OWNER OR CONTRACTOR Gail Short PHONE: Business _____ Home 528-5644

ADDRESS 129 Pine State Rd Mooresville

LOCATION Old Mt Rd To L Monbo Rd (R) 2 miles on Right

SUBDIVISION High Grove BLOCK / SECTION _____ LOT 4 LOT AREA ~.65 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. ~3

Septic Tank: 1000 Gallons; STB 1012 Date 5-11-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 5 Trench Width 36 Max Trench Bottom Depth 3

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

System Description: 25% Reduction

Repair System Description: Rmp 25% Reduction

Maintenance Agreement Required [ ] Yes [x] No

Gravel Depth 6" Sand [ ] Slab [x] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[x] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

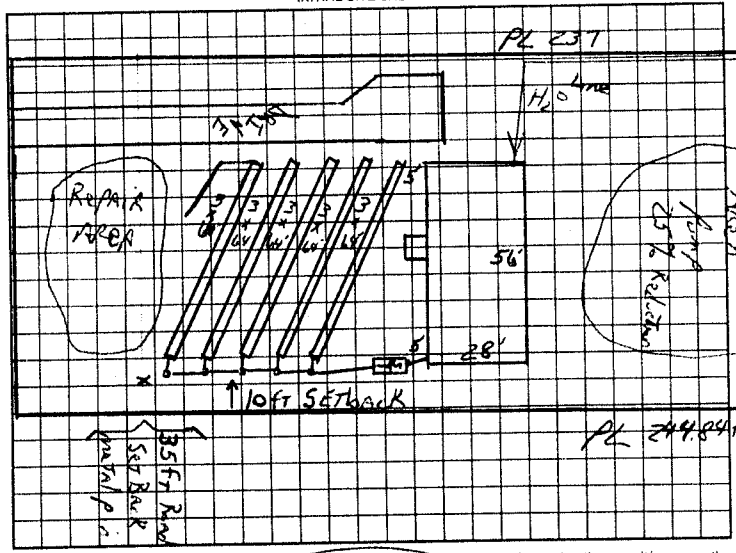
Water Supply: [x] Individual [ ] Public [x] Community WELL

Comments/Conditions: 50 chamber - 10 per Line or 30 HS Sections

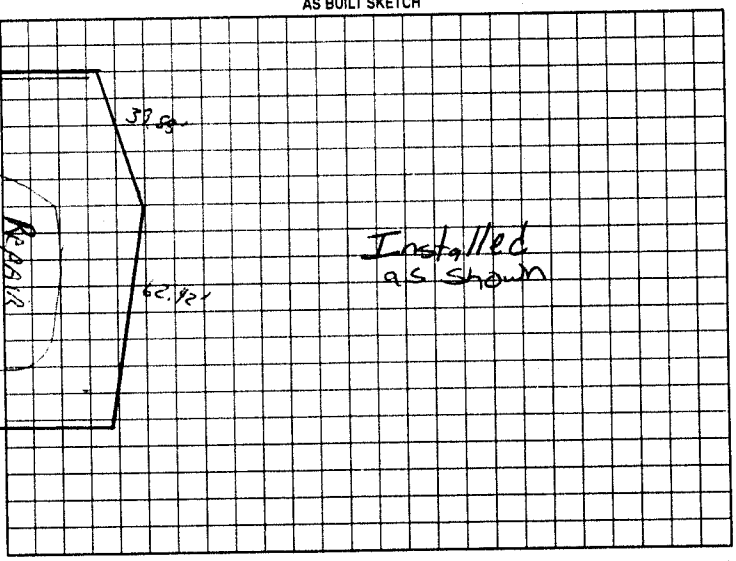
Bring H2O Line down property Line

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



E Monbo Rd

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: Jim Teeler date 5-11-99

Improvement Permit by: J. C. Potter date 5/10/99

Authorization to Construct by: J. C. Potter date 5/10/99

Installed by: A-1 Backhoe

Operation Permit by: Mark Ortz PS date 7-19-99

Existing System Inspection by: _____ date _____

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