IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE _____

OWNER OR CONTRACTOR Mona Moore PHONE: Business 876-6632 Home _____

ADDRESS 513 Snow Creek Rd. Statesville

LOCATION 2 IN. TL Jennings RD TL Snow Creek RD 1/4 mile on left (stucco house)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~ 1 ac SITE CLASS RS DESIGN FLOW 360 gpd L.T.A.R. .37

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 9x100 Trench Width 9' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Gravity Bed

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

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

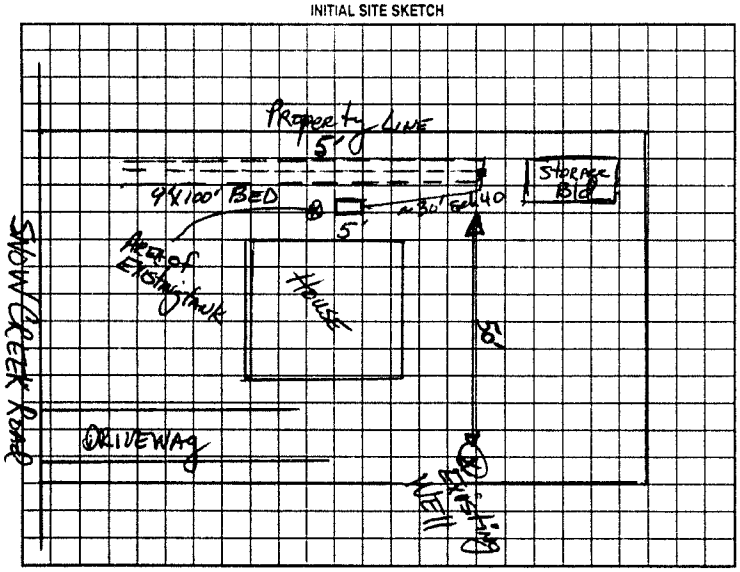
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: ID existing tank. If in good condition, of adequate capacity and 5' off foundation then it is OK to use it. Otherwise set new tank as shown.

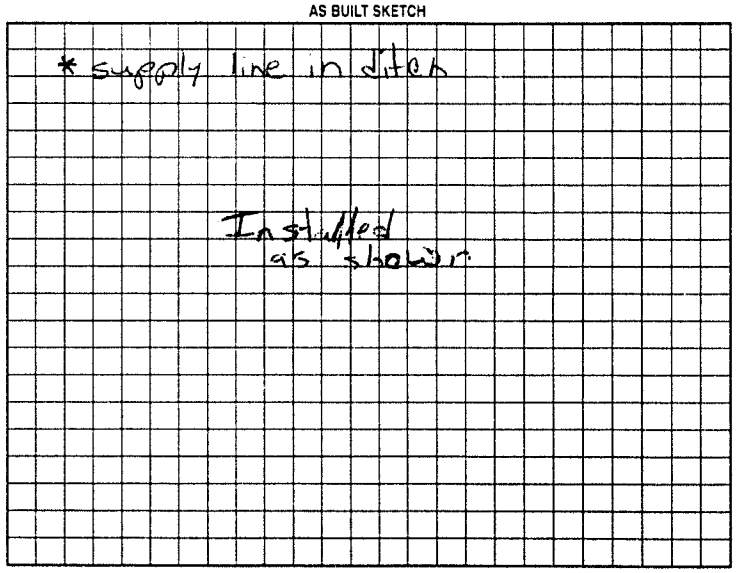
Comments/Conditions:

* Note tank sits ± to house ~800 gal
Recommend Filter Tat next pumping.

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: Mona Lisa Moore date 6-14-00

Improvement Permit by: Wayne Hoffman, RS date 6-14-00

Authorization to Construct by: Wayne Hoffman, RS date 6-14-00

Installed by: Jeff Hurdle - Trainee

Operation Permit by: Matt Cline, RS date 6-20-00

Existing System Inspection by: _____ date _____

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