pd. #125.00 CB

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094603 PIN# 4749 59 9120 DATE 3-2-01

OWNER OR CONTRACTOR A-1 MOBILE HOMES PHONE: Business _____ Home 873-1014

ADDRESS 590 MOCKSVILLE HWY, STATESVILLE, NC 28687

LOCATION 45 21 N, TL JENNINGS RD, TL RAIDER RD, TR CON-LEE DRIVE, LOT ON RIGHT AT CURVE

SUBDIVISION CON-LEE HEIGHTS BLOCK / SECTION _____ LOT 15 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 8-22-00
Pump Tank: 1000 Gallons; PT 144 Date 1-21-01
Pump Make: ZOELLER Model N96-5 Serial No. PN 980002
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI
System Description: CONVENTIONAL, PUMP
Repair System Description: 50% REDUCTION, LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

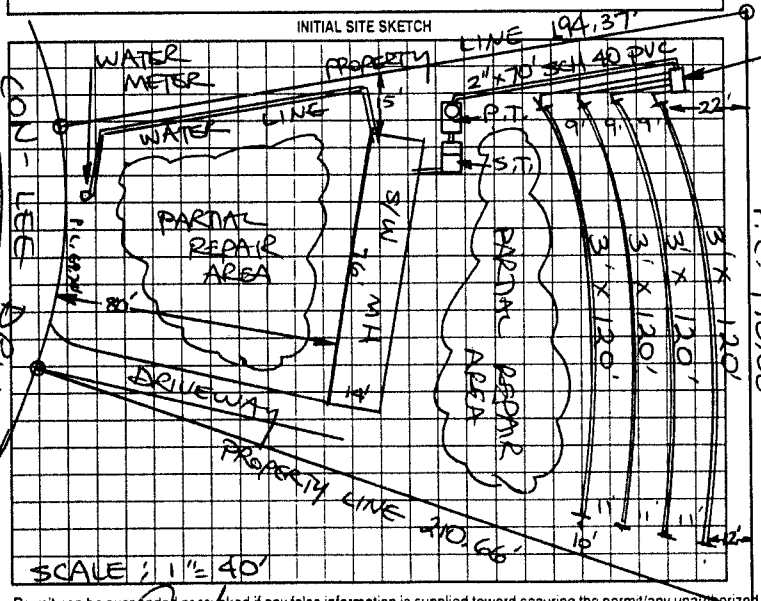
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

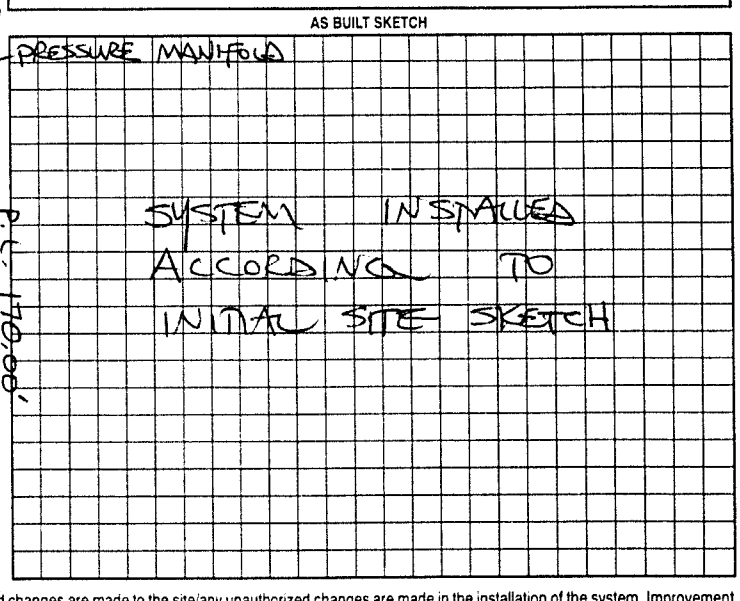
Comments/Conditions: SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS

Comments/Conditions: TANKS & UPPER THREE LINES INSPECTED 3-9-01
4TH LINE INSPECTED 3-12-01 - RSH
PRESSURE CHECKED 3-26-01

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 3-2-01 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 3-2-01 Operation Permit by: STEVE HEDRICK date 3-26-01

Authorization to Construct by: STEVE HEDRICK date 3-2-01 Existing System Inspection by: _____ date _____

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