IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 75.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 104448 PIN# 4751-61-8939 DATE 2/11/02

OWNER OR CONTRACTOR Shirley J. Collins PHONE: Business _____ Home 704-660-6559

ADDRESS 251 South Broad St. Mooresville NC 28115

LOCATION 115 S, TL Oswalt Amity on Lt across From Arthurs Rd

SUBDIVISION Providence BLOCK / SECTION _____ LOT 3 LOT AREA 1.11 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 @ > 36"

Septic Tank: 1000 Gallons; STB 1012 Date 03/18/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

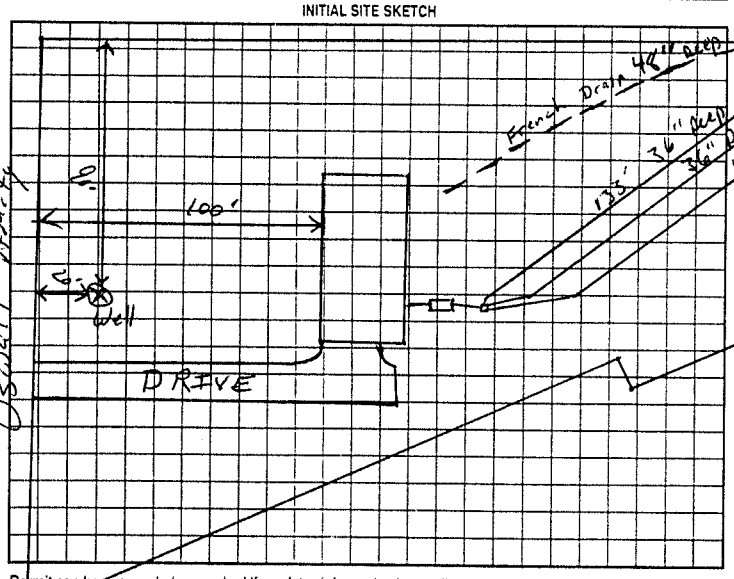
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

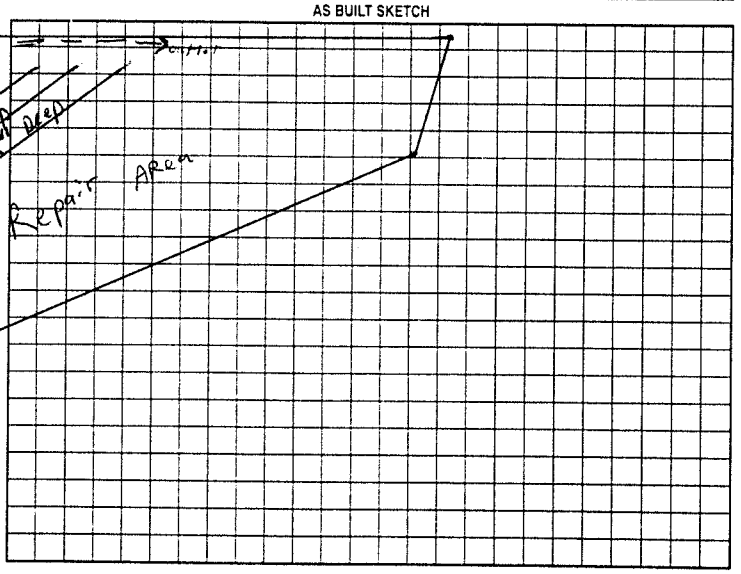
Comments/Conditions: Install on Contour - Keep well 100' From Septic System - Lines Need to be installed at 48" Depth French Drain install at 60" Depth

Comments/Conditions: SEPTIC TANK INSTALLED USING TUFF TIGHT FILTER & SEPTIC MARKER

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 2/22/02 Installed by: A-1 BACKHOE

Improvement Permit by: _____ RS date 2/11/02 Operation Permit by: _____ RS date 11/5/02

Authorization to Construct by: _____ RS date 2/11/02 Existing System Inspection by: _____ date _____

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