IREDELL COUNTY HEALTH DEPARTMENT

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

4760 29 3470

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

PERMIT# 08857 PIN# ~~4761 20 1093~~ 4760-29-6952 DATE 6/25/99

OWNER OR CONTRACTOR Kevin L. Frady PHONE: Business _____ Home 664-5792

ADDRESS 108 Baywatch Dr. Mooresville, NC. 28117

LOCATION 115-21 N TR Oakwood TR Westhaven Cir. TL Hanford Rd. TL 1st drive, bear (R) to 1st medium drive on (L)

SUBDIVISION Possum Trail BLOCK / SECTION _____ LOT 2 LOT AREA 2 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 8-8-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 4" 12"

X New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes X No

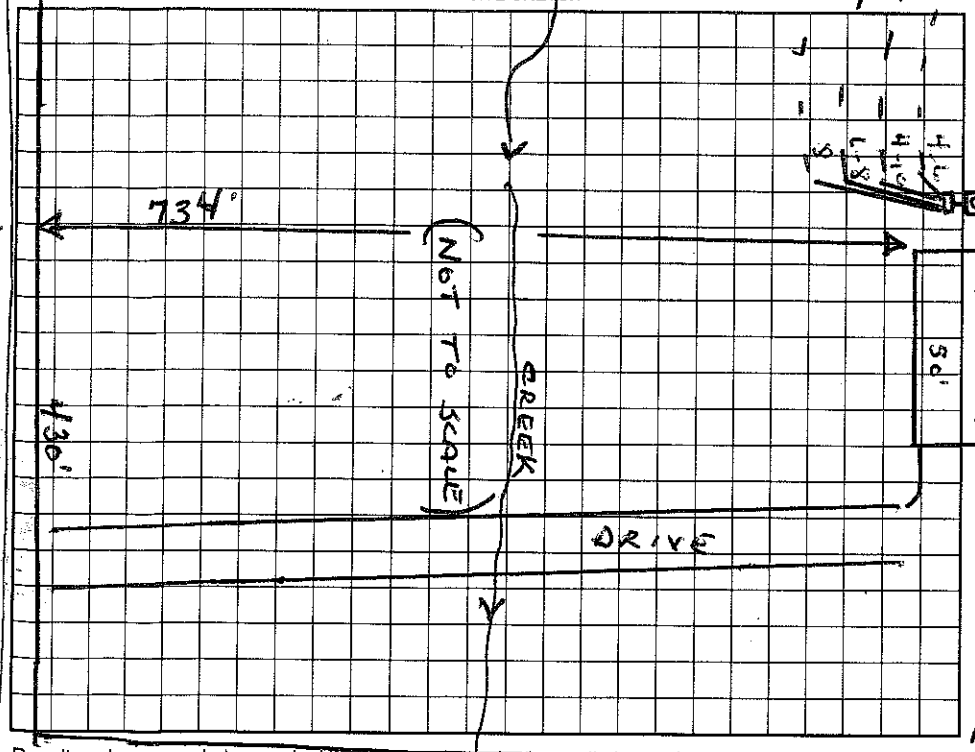
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

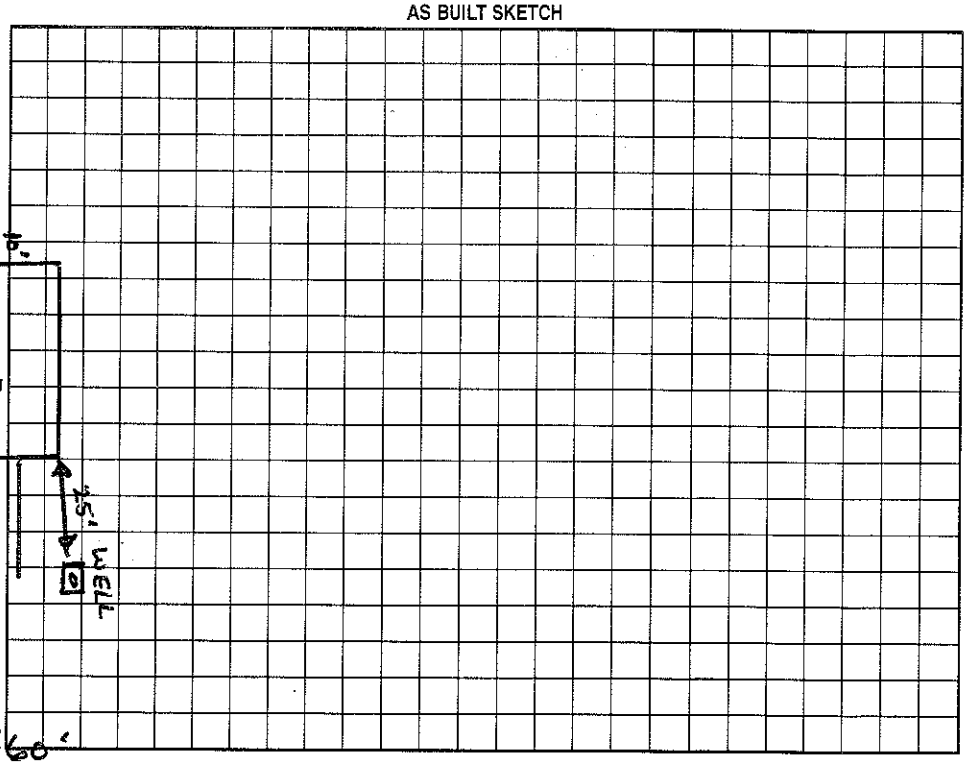
Comments/Conditions:

Comments/Conditions:

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: X Kevin L Frady date 6/28/99 Installed by: Rodney Ellis

Improvement Permit by: Wesley Sparks RS. date 6/25/99 Operation Permit by: Wesley Sparks RS. date 10/30/00

Authorization to Construct by: Wesley Sparks RS. date 6/25/99 Existing System Inspection by: _____ date _____

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