IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108957 PIN# 4760516763 DATE 9/17/2002

OWNER OR CONTRACTOR Kevin Orbison PHONE: Business wk 663-4745 Home 662-0727

ADDRESS 131 Satellite Dr. Mooresville NC 28115

LOCATION Hwy 115/US 21 North TR Shinnville TL Satellite

SUBDIVISION ( ) BLOCK / SECTION ____ LOT ____ LOT AREA 2 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ____

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 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Existing Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other Garage w/Apt

No. Bedrooms 3 No. Bathrooms 3.5 No. Employees ____

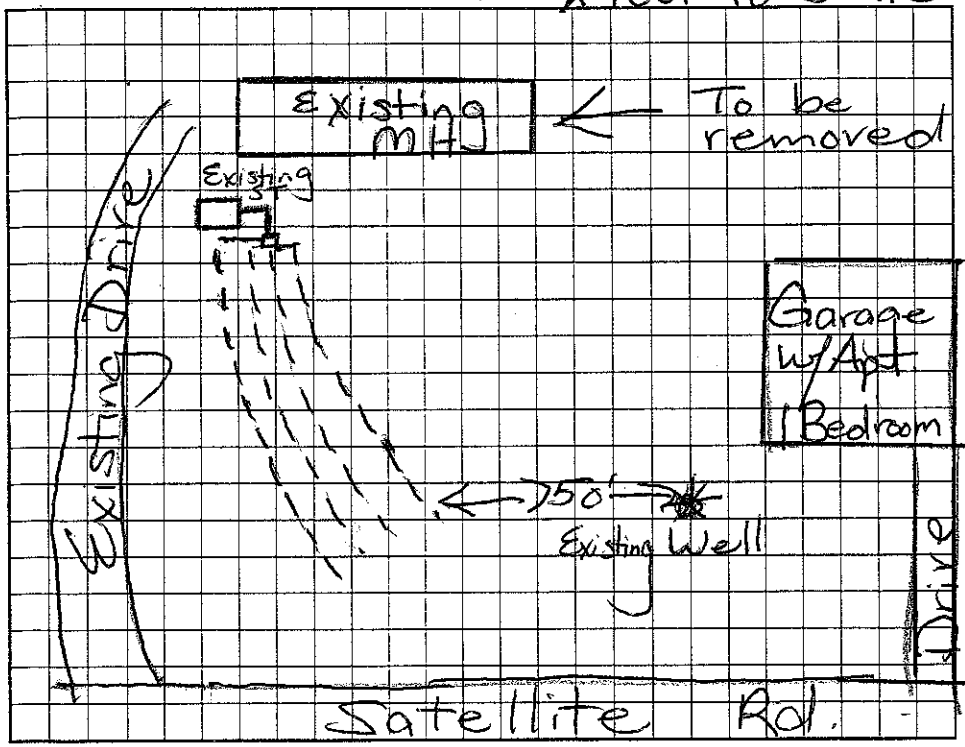
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

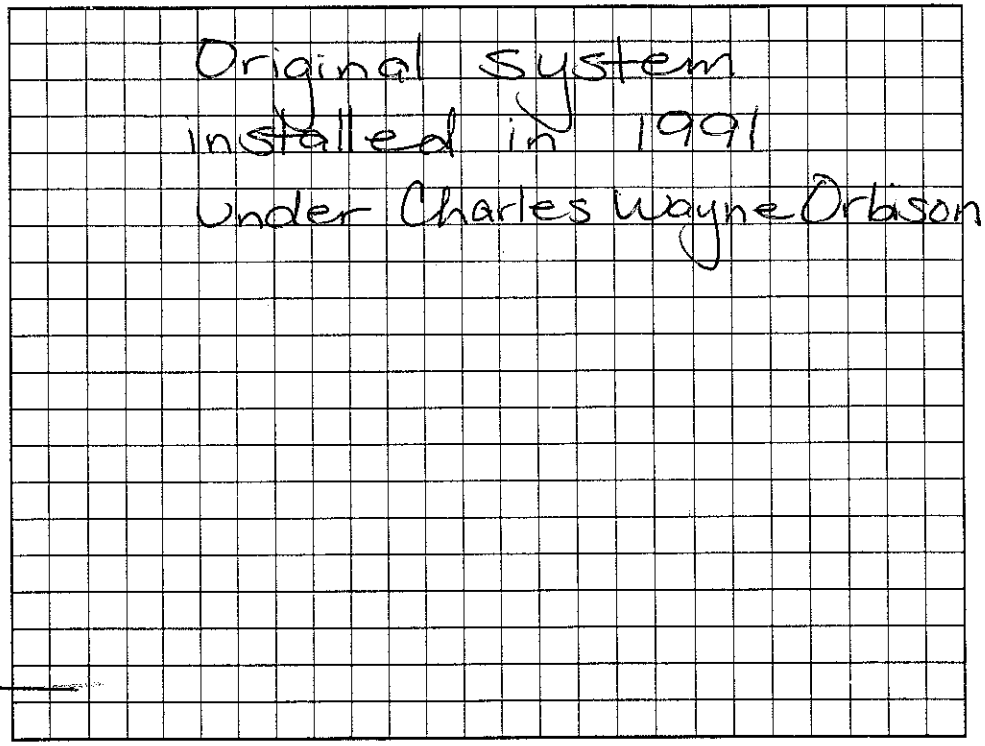
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problems noticed.

Comments:/Conditions: Existing MH has 2 Bedrooms & Garage w/ Apartment will be 1 Bedroom.

INITIAL SITE SKETCH ☒ Not to Scale



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 ____

Improvement Permit by: Maria H Dotson date 9/17/02

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria Dotson RS date 9/17/02

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