IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142206 PIN# 4760822950 DATE 7-3-07

OWNER OR APPLICANT Maria Robinson PHONE: Business 528-3999 Home 663-6037

ADDRESS 1062 Shinnville Rd Mooresville Cleveland, NC 27013

LOCATION Hwy 21/115 TR Shinnville Take Past Brawley Rd 4th on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.75 Acre SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. _____

EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: n/a Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Trad. Conventional

Repair System Description: Same/Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

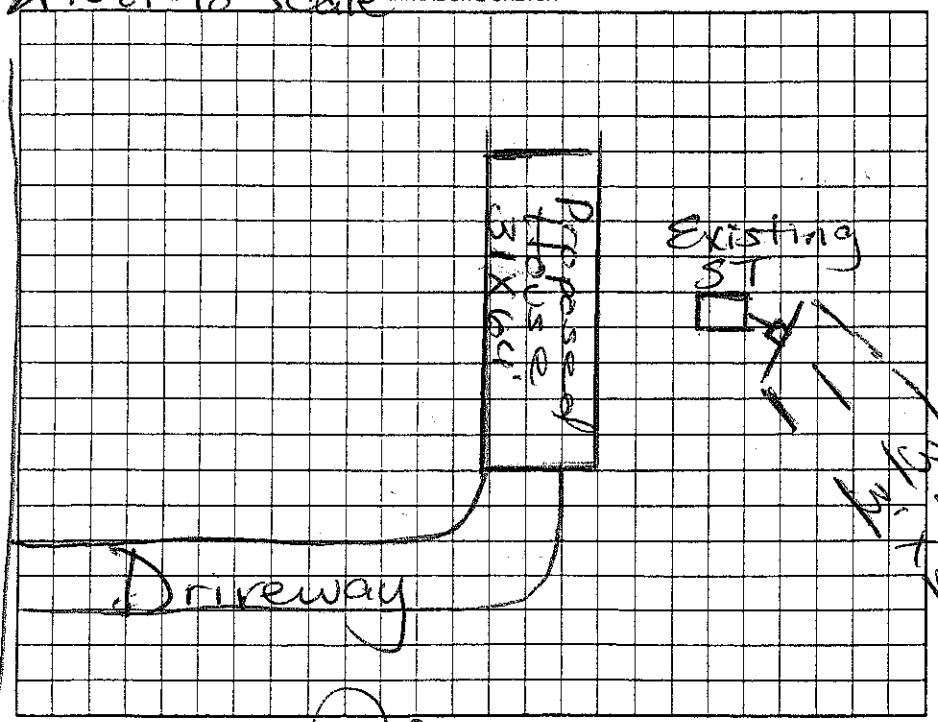
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

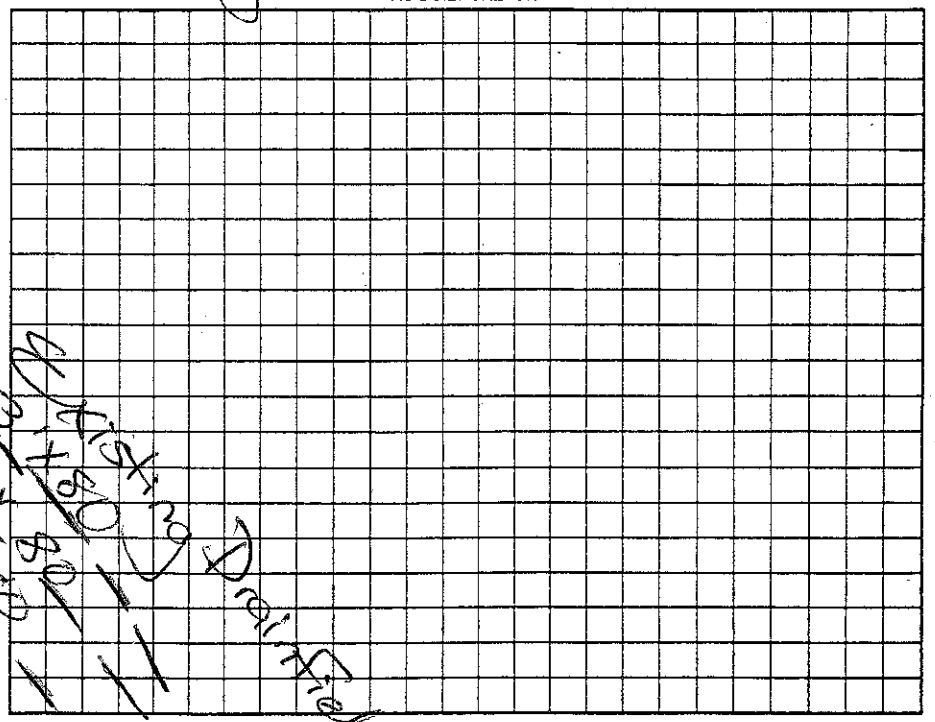
Comments:/Conditions: Keep New House at least 10ft from Septic System

Septic System installed 1985

Not to Scale 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 Maria Robinson date 7/3/07 Installed by: _____

Improvement Permit by: Maria Robinson date 7/3/07 Operation Permit by: _____ date _____

Authorization to Construct by: Maria Robinson date 7/3/07 Existing System Inspection by: Maria Robinson date 7/3/07

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