IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86296 PIN# 4762528644 DATE 11-19-99

OWNER OR CONTRACTOR Christopher Gibson PHONE: Business _____ Home 664 9162

ADDRESS 900 west wilson mooresville N.C.

LOCATION 705 TR Bethania TL Hickory NUT TR Breezeway 1/2mi TL Long Driveway 1/8 mi Block house 1st

SUBDIVISION Laurel Grove BLOCK / SECTION _____ LOT 59 LOT AREA 9.98 acres SITE CLASS P3 DESIGN FLOW 480 L.T.A.R. .135

Septic Tank: 1000 Gallons; STB 160 Date 12-5-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 2

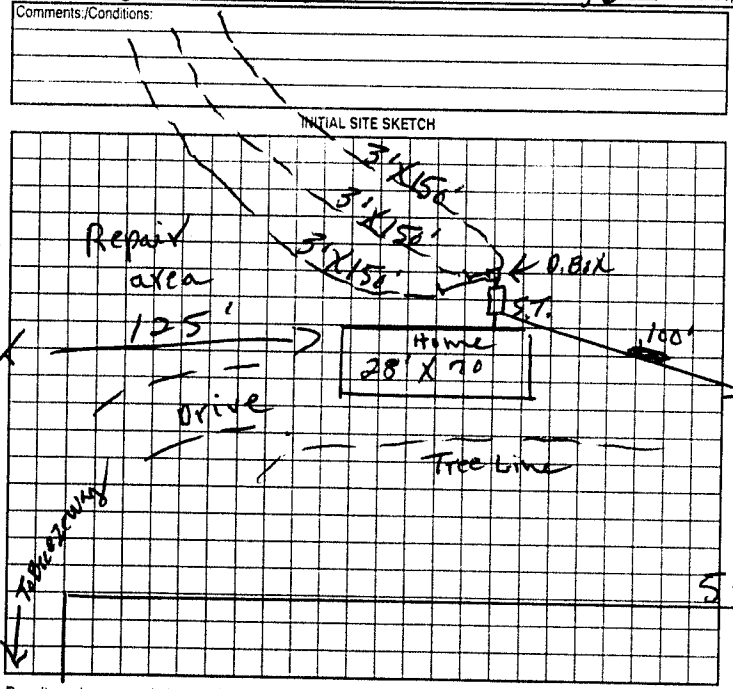
☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

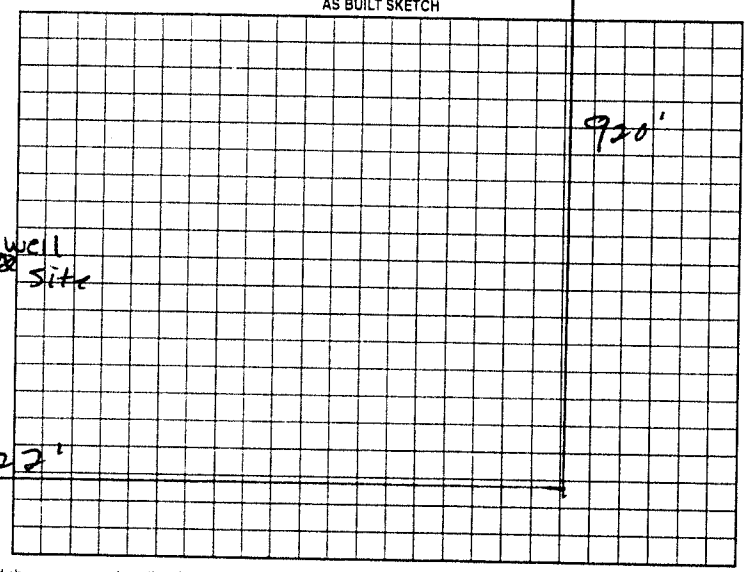
Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions: Home + well not on site at Time of Inspection 1-21-00

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: Audra L Cummings date 11-23-99 Installed by: Harvey Sutherman (Catawba Co.)

Improvement Permit by: P.C. moore date 11-19-99 Operation Permit by: P.C. moore date 1-21-00

Authorization to Construct by: P.C. moore date 11-19-99 Existing System Inspection by: _____ date _____

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