IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 74417 PIN# 4763 58 1518 DATE 12-1-98

OWNER OR CONTRACTOR Willard Cornelius PHONE: Business _____ Home 873 9390

ADDRESS 1940 Mocksville Hwy

LOCATION 64E TR Bell Fm Rd past Bellwood 1/4mi Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .14

TWO Septic Tank: ~~1000~~ 1000 Gallons; STB 1012 Date 3-27-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump To Conv.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

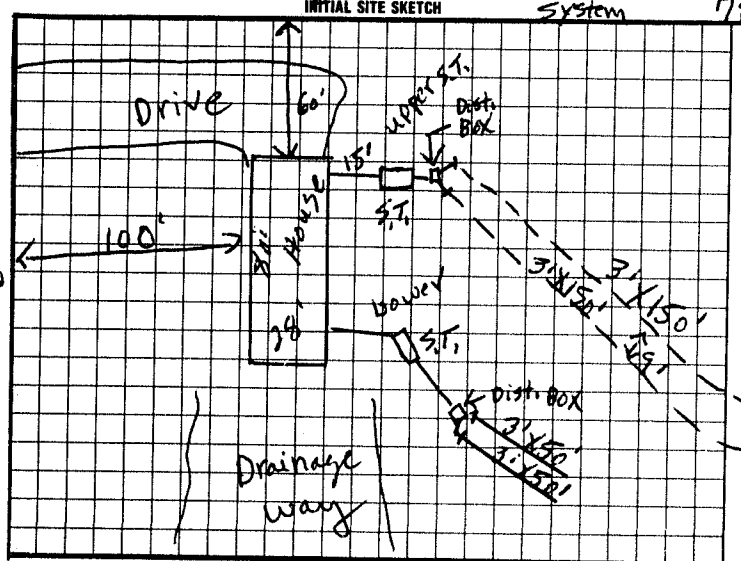
Comments:/Conditions:

Replace Permit issued 6-30-98

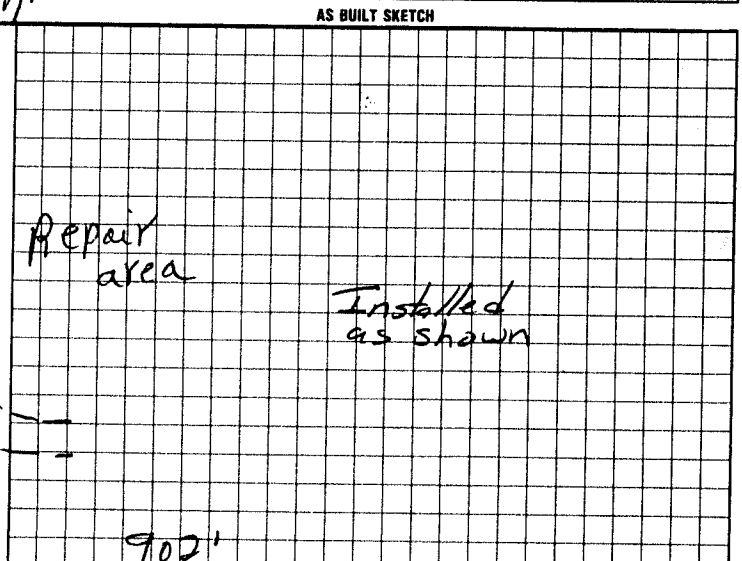
Place basement Plumbing + masterbath on lower System

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 2/10/99 Installed by: Tommy Frye

Improvement Permit by: P.C. Moore date 12-1-98* Operation Permit by: _____ date 5-18-99

Authorization to Construct by: P.C. Moore date 12-1-98 Existing System Inspection by: _____ date _____

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