# IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 6-25-98

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

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

PERMIT# 074272 PIN# 4768 41 8577 (PT) DATE 4-8-99

OWNER OR CONTRACTOR MARK IRELAND PHONE: Business Home 872-7867

ADDRESS 552 COOL SPRINGS ROAD, STATESVILLE, NC 28677

LOCATION OLD MOCKSVILLE ROAD NE, TL CHURCH LAKE RD, TR COLLIER ROAD, 0.5 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~4 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 1012 Date 2-19-99

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

✓ New System ☐ Repair System Type: I II III IV V

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ✓ No

✓ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees _____

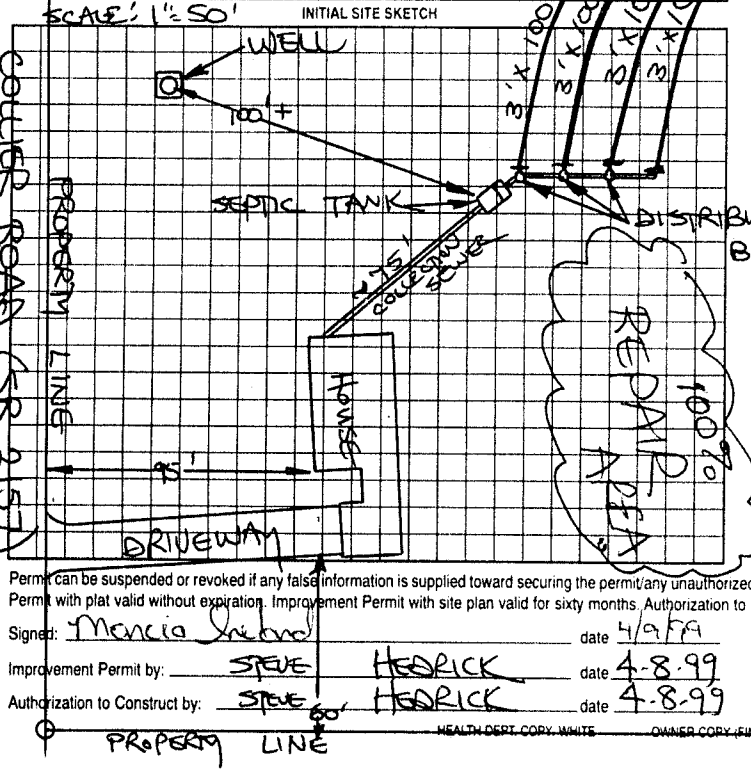
☐ Slab ☐ Crawl Space ✓ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community WELL

Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments Conditions

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as shown

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: Marcia Ireland date 4/9/99

Improvement Permit by: STEVE HEDRICK date 4-8-99

Authorization to Construct by: STEVE HEDRICK date 4-8-99

Installed by: A-1 Backhoe

Operation Permit by: Mary Clift RS date 4-13-99

Existing System Inspection by: _____ date _____

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