11:00

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083287 PIN# 4771534758 DATE 9/1/99

OWNER OR CONTRACTOR Tommie Dillard PHONE: Business Lilly McCoy 528-3195 Home 528-5637 (Vicky)

ADDRESS 121 Old Christy Ln Cleveland, NC 27013

LOCATION 21N. TR Oswalt Amity (go 6 miles) on right just past Old Christy Ln.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.42 Acres SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4/6/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'

No Lines 3 at 90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Pump - Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

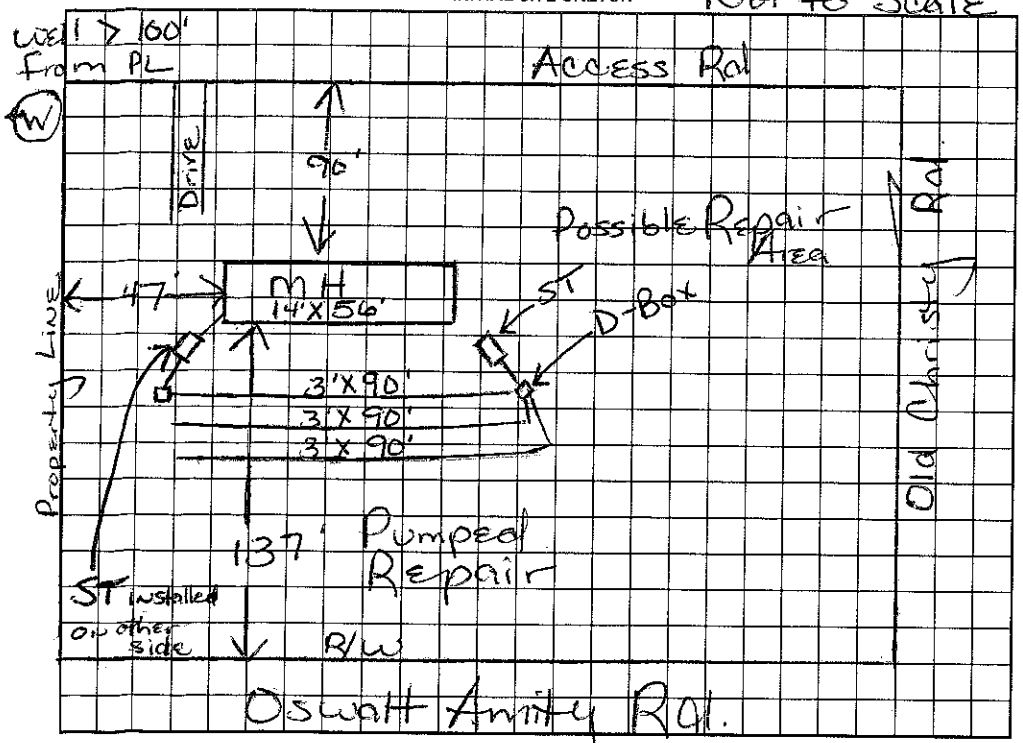
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System 5' from House & 10' From PL. * Pull plumbing out as high as possible to avoid pumping. Keep Drainlines Close to house but at least 5' setback.

Comments:/Conditions: Drainlines installed as drawn, Septic tank switched to other side

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: Lillie M McCoy date 9/1/99 Installed by: Larry Beam

Improvement Permit by: Maria H Dotson RS date 9/1/99 Operation Permit by: Maria H Dotson date 9/9/99

Authorization to Construct by: Maria H Dotson RS date 9/1/99 Existing System Inspection by: _____ date _____

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