(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119432 PIN# 4775149585 DATE 6-19-06

OWNER OR APPLICANT Mark Walls PHONE: Business 704-746-4719 Home 704-662-7990

ADDRESS 352 Talbert RD Mooresville NC 28117

LOCATION Left (L) Slain Road 2nd lot on left

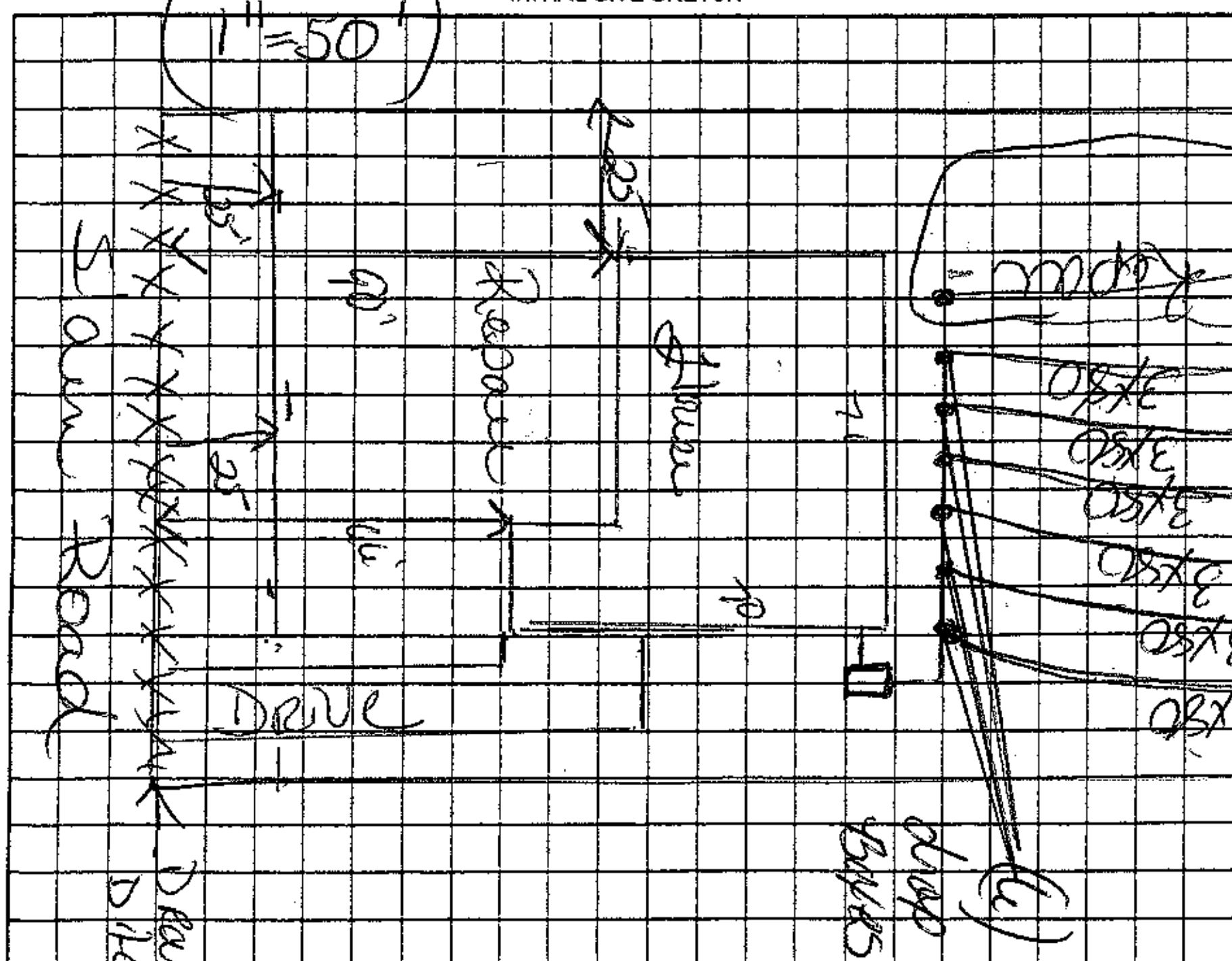
SUBDIVISION Spring Ford BLOCK / SECTION ____ LOT 10 LOT AREA .75 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 1-8-07 Pump Tank: ____ Gallons; PT ____ Date ____ Pump Make: ____ Model ____ Serial No. ____ Nitrification Field: No Fields ____ Square Feet 1920 Linear Feet 480 No Lines 6 Trench Width 36" Max Trench Bottom Depth 30"	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI (III circled) System Description: 25% Gravel Repair System Description: Low Pres Panel Maintenance Agreement Required: ☐ Yes ☐ No Gravel Depth ____ ☐ Gravity ☐ Pressure	☑ House/Mod. Home No. Bedrooms 4 ☐ Mobile Home No. Persons ____ ☐ Business No. Employees ____ ☐ Other ____ Water Supply: ☐ Individual ☑ Public ☐ Community ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

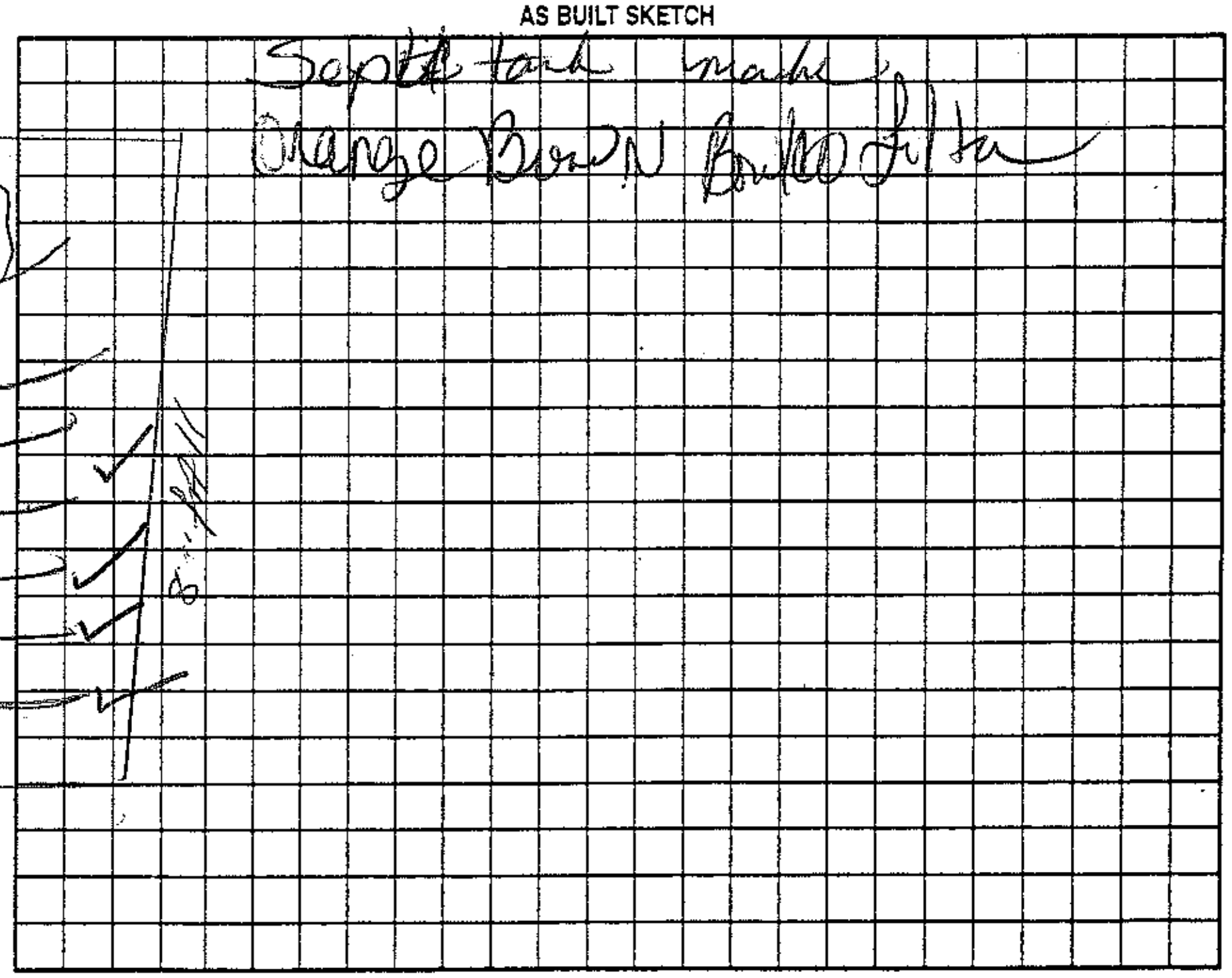
Comments:/Conditions: Install on Contour. Maintain all setbacks

Comments:/Conditions: 6 @ 80' each 25% reduction. 30" Trench Bottom

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: Mark G. Walls date ____ Installed by: Wes Litton

Improvement Permit by: Kevin Cook date 6-19-06 Operation Permit by: Kevin Cook date 3-15-07

Authorization to Construct by: Kevin Cook date 6-19-06 Existing System Inspection by ____ date ____

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

