IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76755 PIN# 4778 00 7470 DATE 10-14-98

OWNER OR CONTRACTOR Tim T. Pierce PHONE: Business ______ Home 873-7952

ADDRESS 1002 Old Mocksville Rd

LOCATION Old Mocksville Rd past cool spr Rd TL Pierce Bluff on Rt

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 43 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 4-19-99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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: " "

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

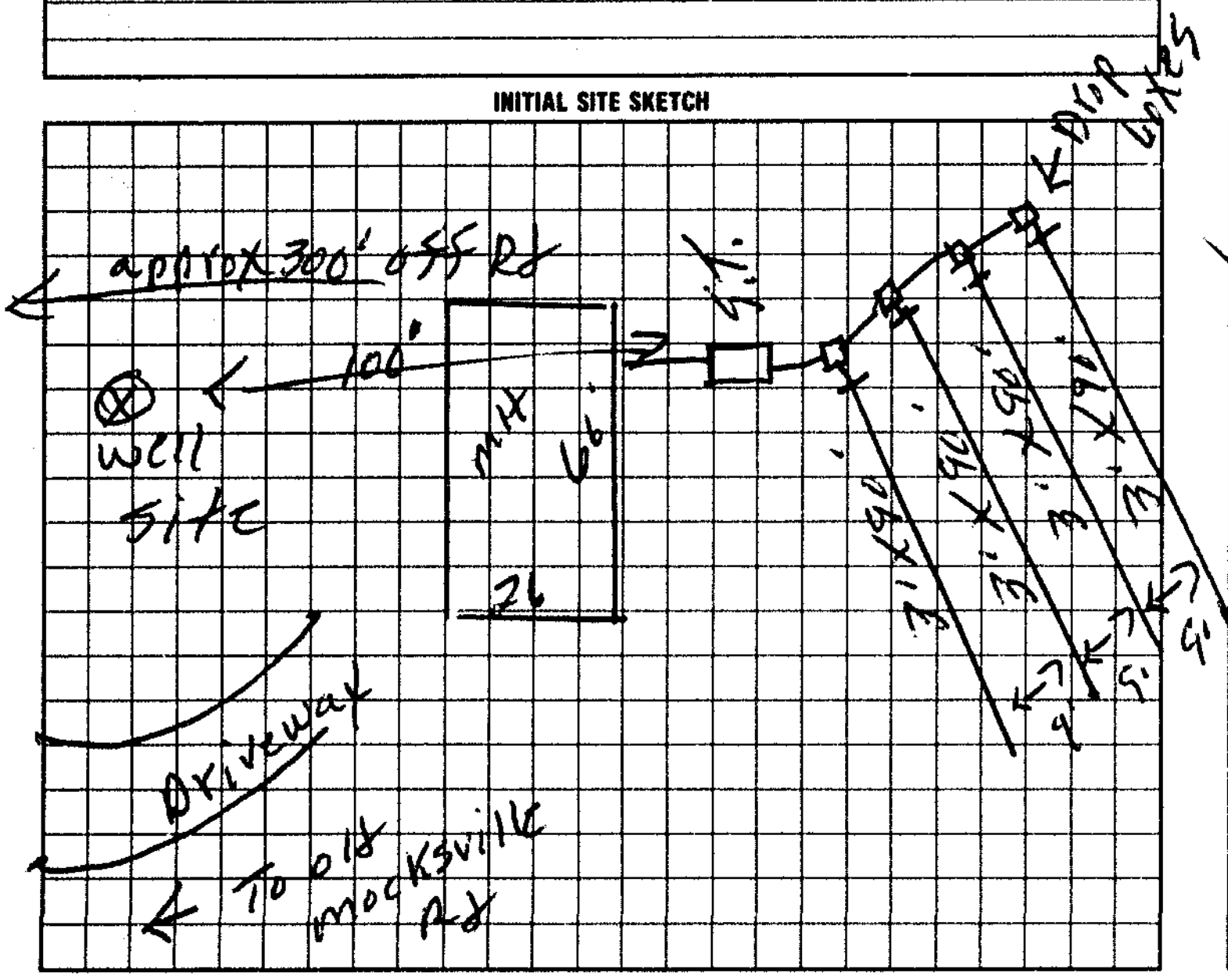
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Repair area

Same as initial 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: X Timothy Thomas Pierce date ______ Installed by: Potters Grading

Improvement Permit by: F. C. Moore date 10-14-98 Operation Permit by: F. C. Moore date 6-9-99

Authorization to Construct by: F. C. Moore date 10-14-98 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