IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074-301 PIN# 4779 72 0145 DATE 6-25-98

OWNER OR CONTRACTOR MICHAEL E. INSCOE PHONE: Business BLACK PONTIAC Home: 873-9631

ADDRESS 190 LAKEWOOD DRIVE, MOCKSVILLE NC 27028

LOCATION US 21 N, TR BETHEL ROAD, TR FLORA LANE, 3RD LOT ON LEFT

SUBDIVISION MT. BETHEL EST. BLOCK / SECTION ____ LOT 6 LOT AREA 2.36 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 5-26-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet EQ TO 1200 Linear Feet 300+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CHAMBERED as HDS GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
~~Gravel~~ Depth SAND 6" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

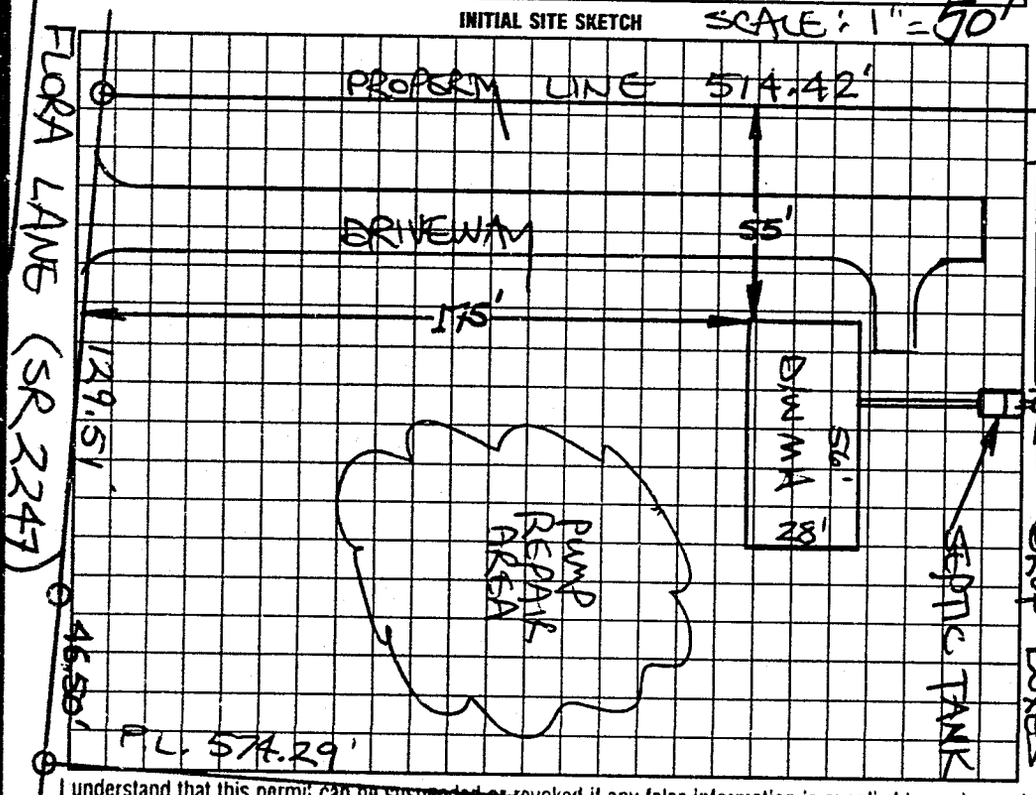
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

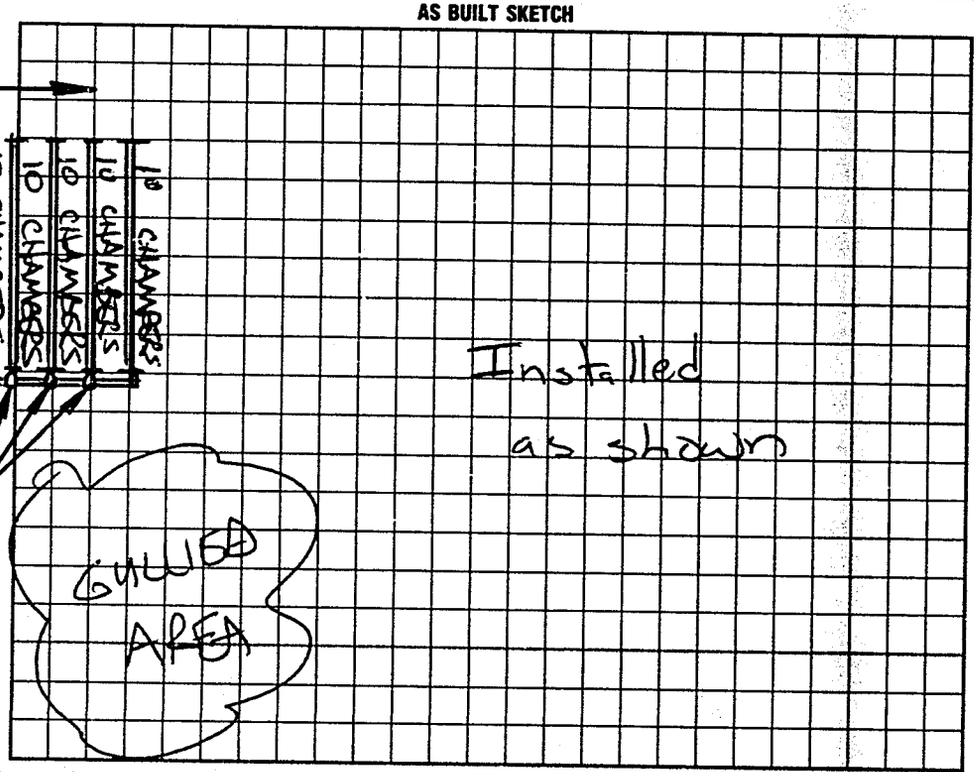
Comments:/Conditions: INSTALL FIFTY (50) CHAMBERS IN FIVE EQUAL LENGTH LINES AS SHOWN & FLAGGED ON SITE, ON CONTOUR

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 50'



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: + Michael E. Inscoe date 6-25-98

Improvement Permit by: STEVE HEDRICK date 6-25-98

Authorization to Construct by: STEVE HEDRICK date 6-25-98

Installed by: Kenny Madison

Operation Permit by: [signature] date 7-28-98

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