IREDELL COUNTY HEALTH DEPARTMENT

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

(C1)

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

PERMIT# 120464 PIN# 4797-28-6229.718 7346 DATE 5-21-04

OWNER OR CONTRACTOR AUDREY RUSSELL PHONE: Business 704-636-6000 - 4025 Home 704-892-4947

ADDRESS 129 ENGLISH HILLS DRIVE, MOORESVILLE, NC 28115

LOCATION US 64 EAST, TL BATTLE ROAD, TL GARDEN VALLEY ROAD, 500 FEET ON LEFT AT # 718

SUBDIVISION AUDREY RUSSELL BLOCK / SECTION ____ TRACT 1 LOT AREA 0.550 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines THREE Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

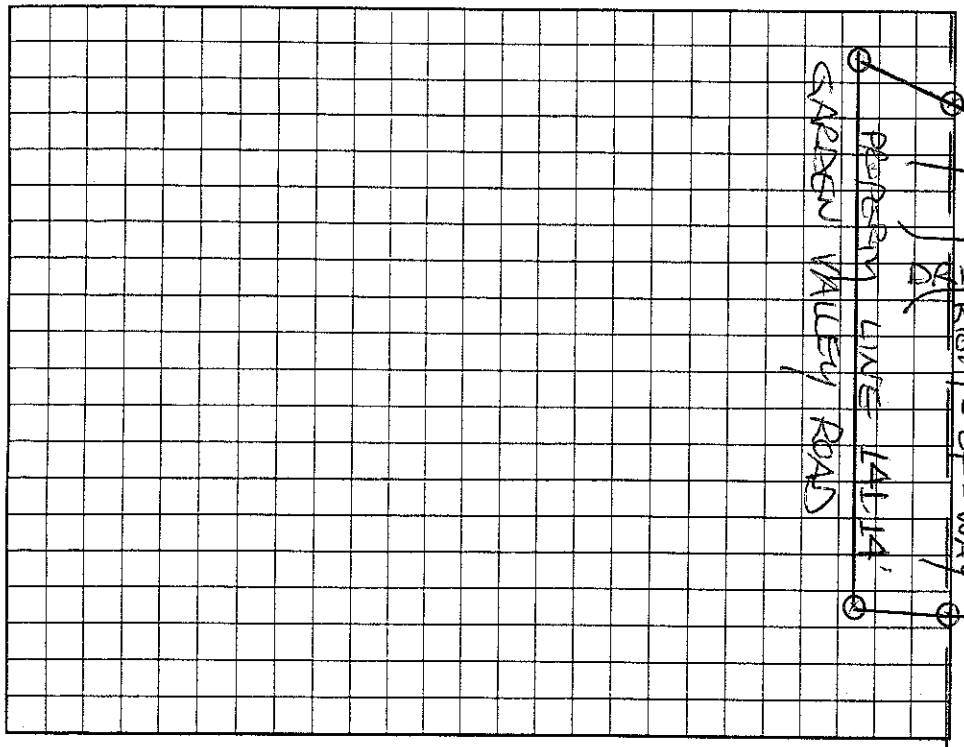
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL NEXT DOOR

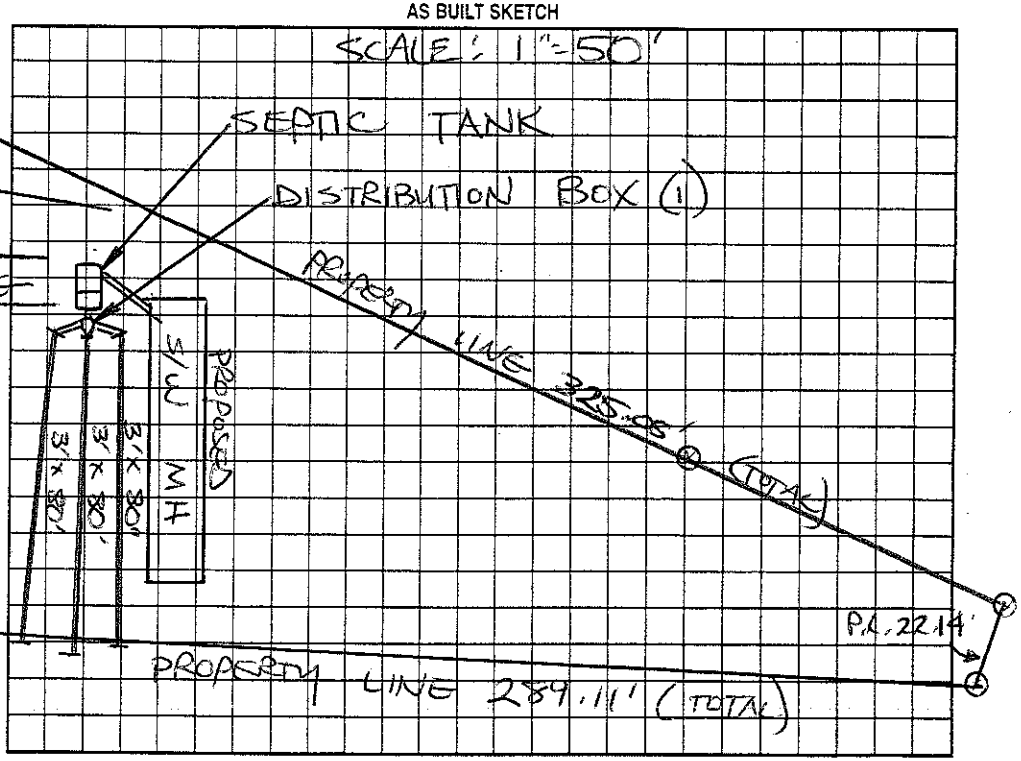
Comments:/Conditions:

Comments:/Conditions: SEE ATTACHED EASEMENT FOR PROPERTY LINE ENCROACHMENT. KEEP MH MINIMUM FIVE (5) FEET FROM SYSTEM

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: ____ date ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: EXISTING WELL

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HENDRICK date 5-21-04

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