IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127001 PIN# 4802-79-4794 DATE 4-28-05

OWNER OR CONTRACTOR ADAM R. MOSLEY PHONE: Business (704) 902-3395 Home (704) 876-0565

ADDRESS 127 RANCHSIDE LN STATESVILLE NC 28625

LOCATION HWY 115 N TL COOLBROOK @ 4-5 MILES ON LEFT PAST FOX MOUNTAIN RD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING
No Lines 1 EX. Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: EXISTING
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

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

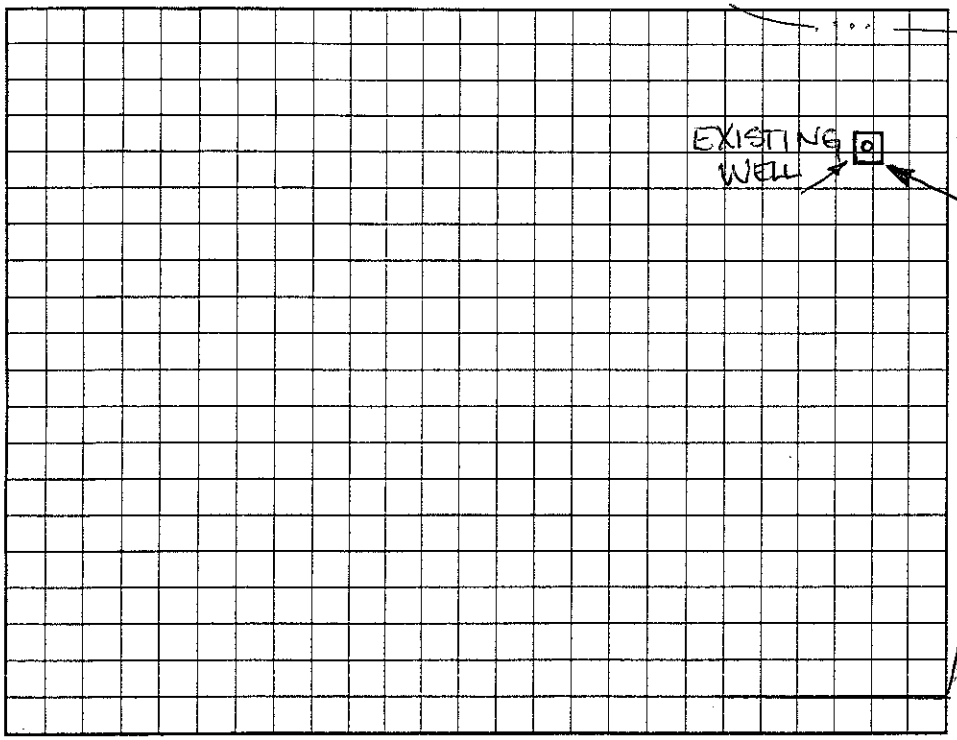
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

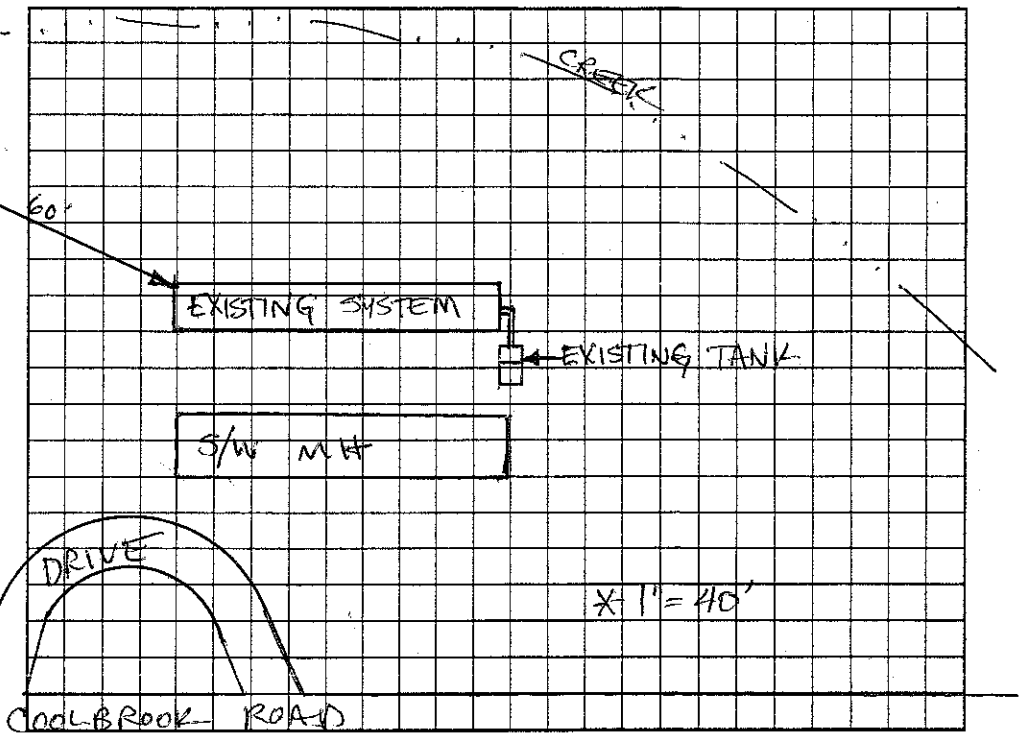
Comments:/Conditions:

Comments:/Conditions:
1. SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION
2. SYSTEM SHALL BE SIZED FOR NO MORE THAN 2 BEDROOMS
3. VISUAL INSPECTION ONLY – NO GUARANTEE PROBLEMS WON'T ARISE IN FUTURE

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: Adam R Mosley date 4-28-05

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Christopher M. Sherrill LRS, LSS date 4-28-05

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