# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (00) MOORESVILLE 704-664-5281

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

PERMIT# 151025 PIN# 4822402230 00145 DATE 7-15-08

OWNER OR APPLICANT James & Dorothy Moore PHONE: Business 704 682 1244 Home 704 592 2559

ADDRESS 5230 Wilkesboro Hwy

LOCATION Wilkesboro Hwy N- on (R) past Cordrwoody

SUBDIVISION n/a BLOCK / SECTION ____ LOT 1 LOT AREA 4296 SITE CLASS. PS DESIGN FLOW Ex L.T.A.R. Ex

Septic Tank: Ex Gallons: STB Ex. Date ____
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex.
No Lines Ex Trench Width Ex Max Trench Bottom Depth Ex. Gravel Depth Ex.

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Existing
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

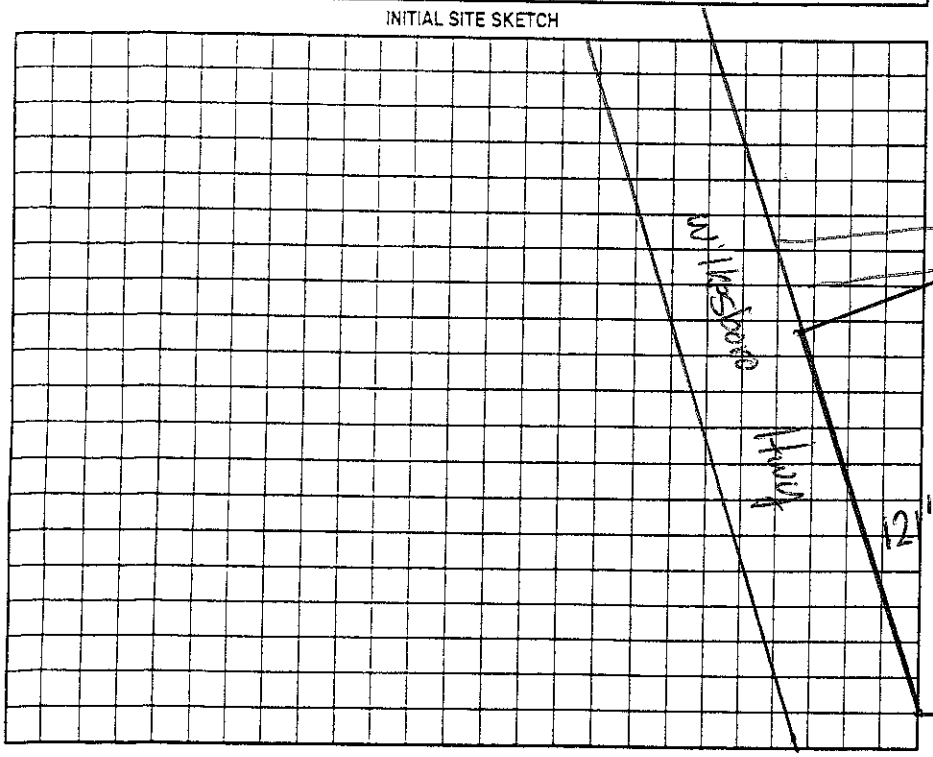
Water Supply: ☒ Individual ☐ Public ☐ Community

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

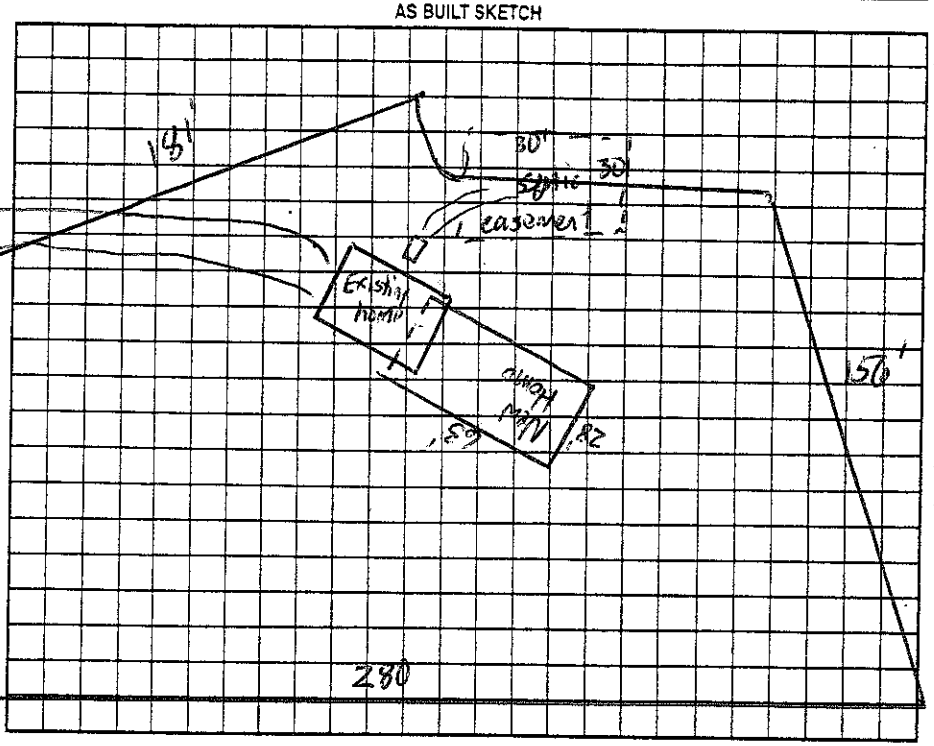
Comments:/Conditions:

Comments:/Conditions:

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: Cynthia Moore date 8/6/08 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: ____ date 7-15-08

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