Nelson Perez Permit# 107807

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094687 PIN# 4860 74 2322 DATE 3-01-01

OWNER OR CONTRACTOR ~~BONNIE McCLANAHAN~~ Nelson Perez PHONE: Business Home (336) 463-5891

ADDRESS 1504 Hwy 601 N, Mocksville, NC 27055

LOCATION US 21 North, TL Tabor Road, TR Forney Road, Lot on Right, Across from Shearin Lane

SUBDIVISION Forney Acres BLOCK / SECTION ____ LOT 25 LOT AREA 0.52 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons: STB 794 Date 3-23-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~400
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION pump
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

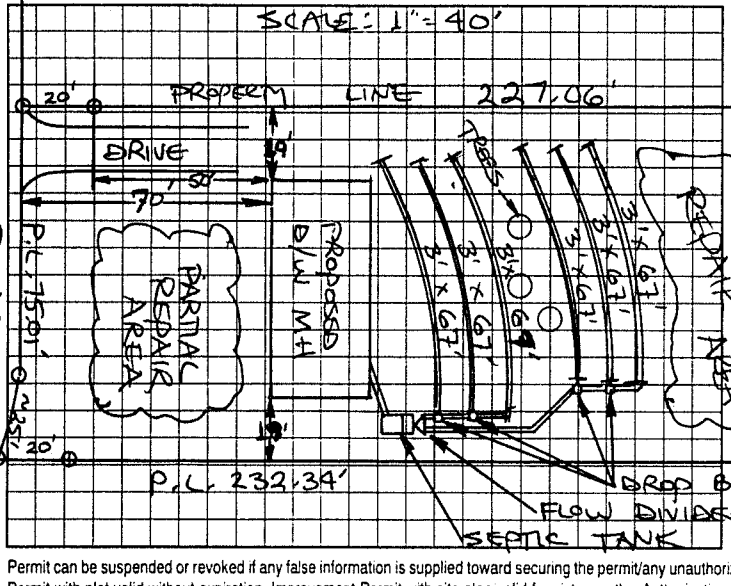
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☐ Individual
☒ Public
☐ Community

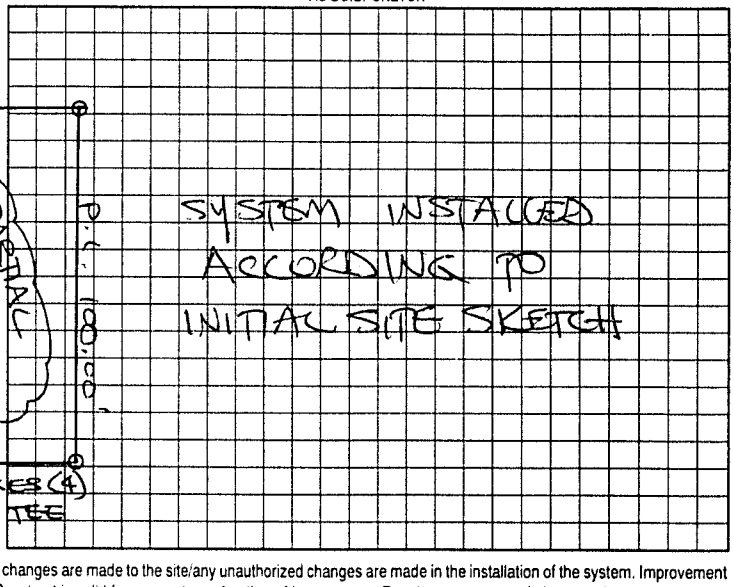
Comments/Conditions: ____

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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: Bonnie L McClanahan date 3/01/01 Installed by: CHRIS WAGNER CONSTRUCTION

Improvement Permit by: STEVE HEDRICK date 3-01-01 Operation Permit by: STEVE HEDRICK date 7-12-02

Authorization to Construct by: STEVE HEDRICK date 3-01-01 Existing System Inspection by: ____ date ____

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