IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095280 PIN# 4614649481 DATE 4-16-200

OWNER OR CONTRACTOR Wayne Thompson PHONE: Business 938-7711 Home [illegible]

ADDRESS 15909 Sunstead Ln Mooresville, NC

LOCATION Brawley School Rd TR Tuscarora TR Sunstead on right

SUBDIVISION C L & T J BLOCK / SECTION 6 LOT 285? LOT AREA 1.05 Acre SITE CLASS. PS DESIGN FLOW 360 gpd T.A.R. —

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Existing Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Gravity-Conventional (Bed)

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

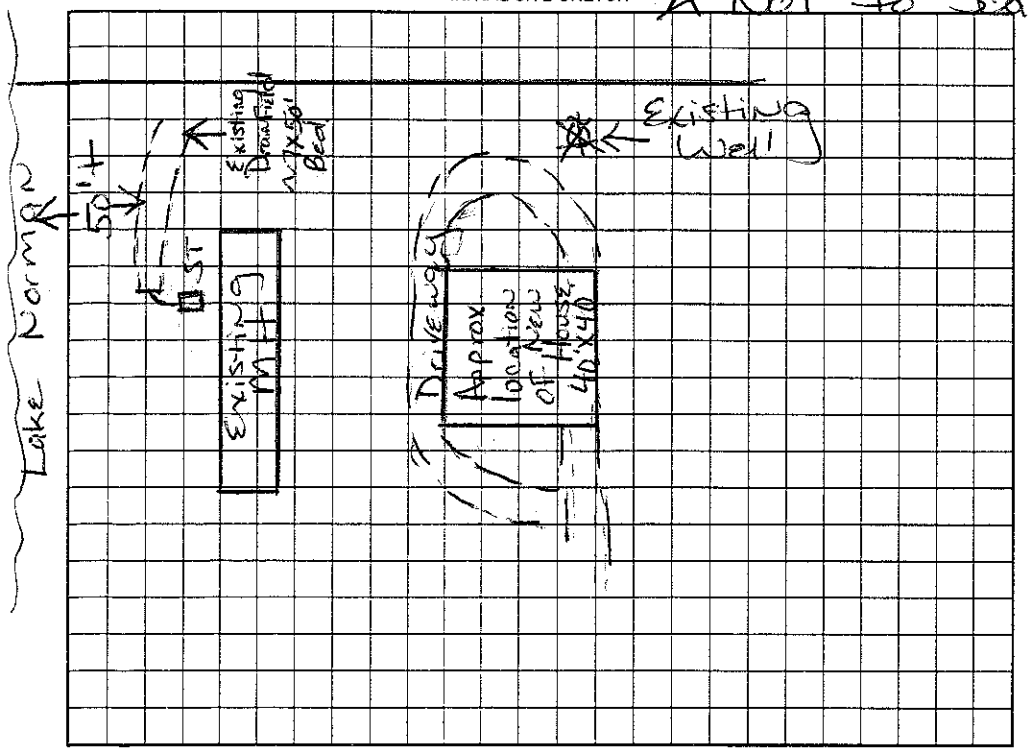
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, NO problems Noticed

Comments:/Conditions: Replacing 3 Bedroom MH with 3 Bedroom house. System approved for 3 Bedroom

INITIAL SITE SKETCH * Not to Scale



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 ____ Installed by: ____

Improvement Permit by: Marian H. Dotson RS date 4/16/200 | Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Marian H. Dotson date 4/16/2001

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