Exis System

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144374 PIN# 4614898959.000 DATE 1/17/08

OWNER OR APPLICANT Robert & Debra Webb PHONE: Business 704 502-3578 Home 704 553-7014

ADDRESS 546 Stonemarker Rd. Mooresville NC 28117

LOCATION Brawley School Rd TR Stonemarker Rd on Right

SUBDIVISION CL & JT BLOCK / SECTION 6 LOT 152 LOT AREA .689 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. Exis 575

Septic Tank Ex. 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet Exis

No Lines Bed Trench Width Exis Max Trench Bottom Depth Exis Gravel Depth Exis

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

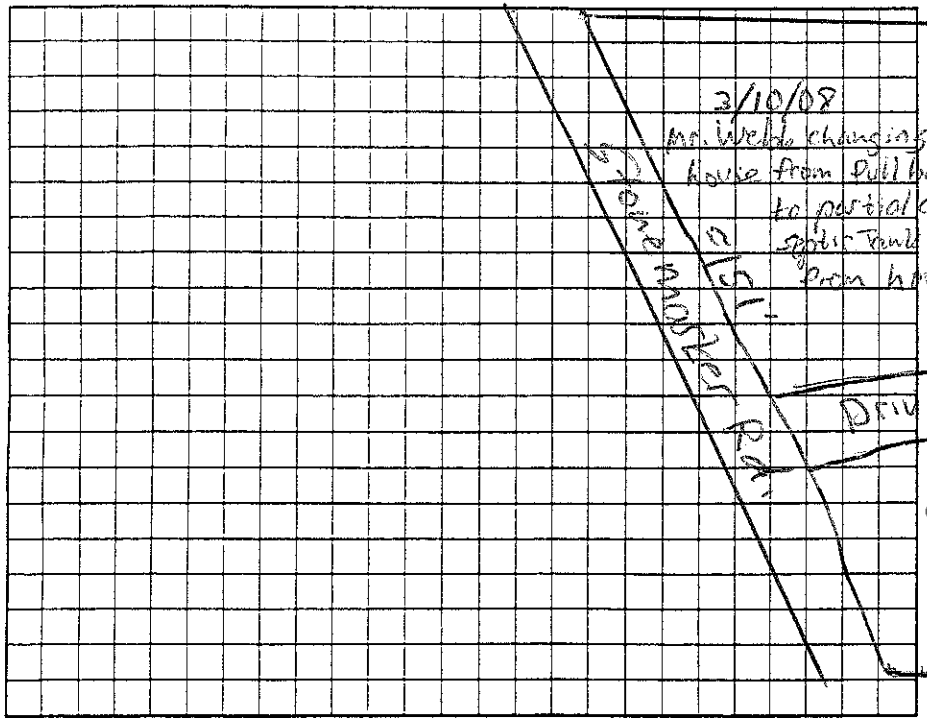
Water Supply: ☒ Individual Exis ☐ Public ☐ Community

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

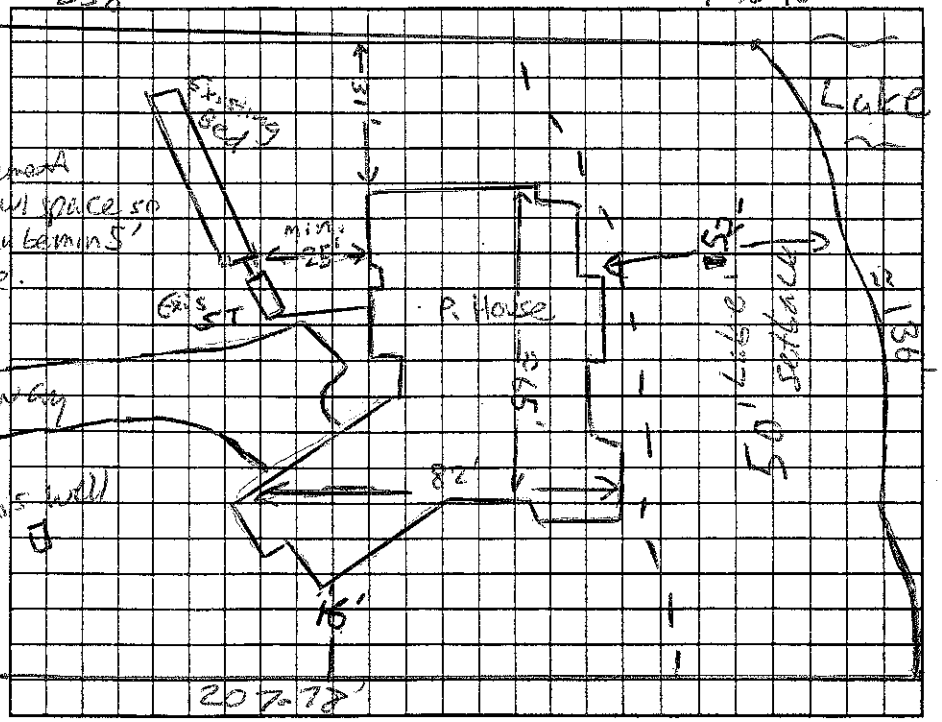
Comments:/Conditions: see Exis System Permit 59 Robert Webb 2/7/86

Comments:/Conditions: Plumbing in basement may require a grinder pump to reach plumbing SR/Lout for gravity flow to Existing Septic Tank. No possible malfunction observed at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH 1" = 40'



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 2/18/08 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Anthony Coley Jr. date 1/17/08

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