IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101653 PIN# 4615915089 DATE 4-18-05

OWNER OR CONTRACTOR David Dowdy PHONE: Business 400-4358 Home 660-7866

ADDRESS P.O. Box 35602 Mooresville, NC 28117

LOCATION Brawley School Rd TL Stonemarker 5th lot on left past Fawn Rd

SUBDIVISION Stonemarker BLOCK / SECTION _____ LOT 20 LOT AREA .93 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RST825 Date 5-11-05

Pump Tank: ~~1000~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 7@57' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: ~~Pump-PM-25% Reduction~~

Repair System Description: Pump-LP-Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

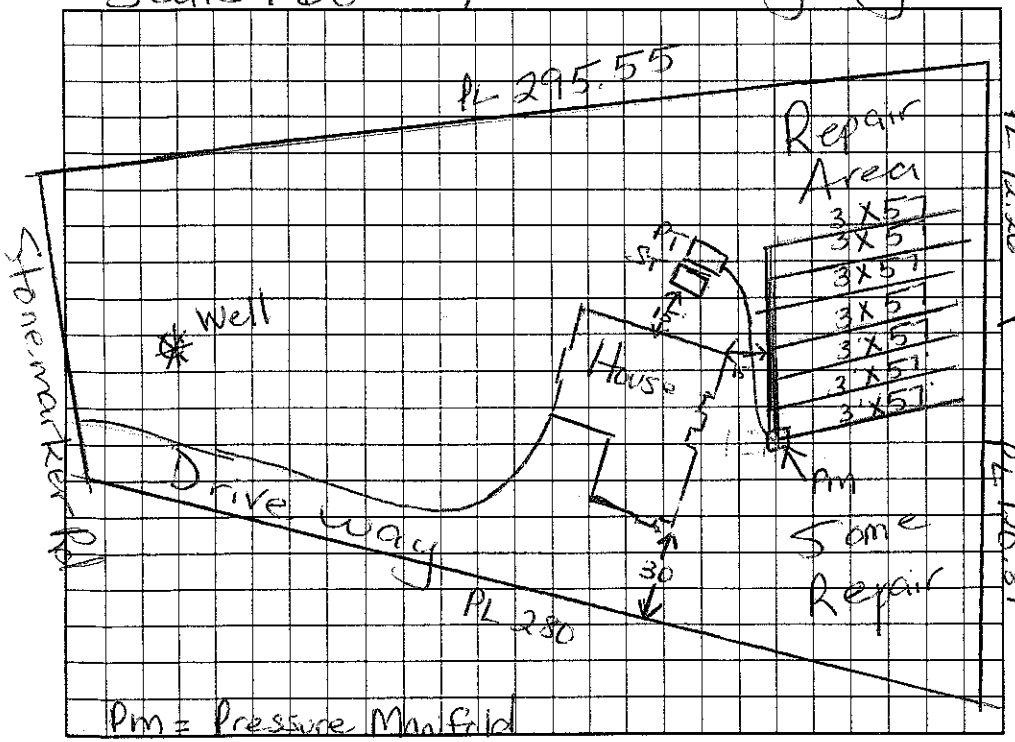
Comments:/Conditions: Keep Septic System at least 10' to PL & 100' to Well

7/25/05 Site Visit w/ Installer, can gravity feed

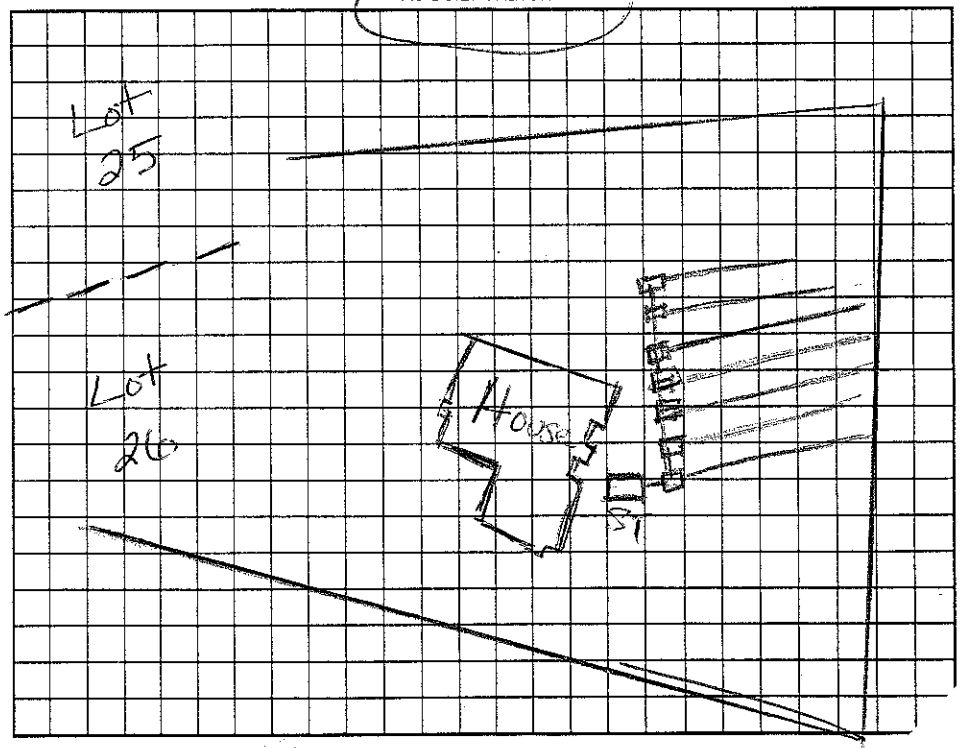
Comments:/Conditions: Blue Filter installed

System Changes OK - 4000 8/1/05

Scale 1:60' 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. Impr
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 4/20/05 Installed by: Delbert Bostian

Improvement Permit by: _____ RS date 4/18/05 Operation Permit by: _____ RS date

Authorization to Construct by: _____ RS date 4/18/05 Existing System Inspection by: _____ date

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