IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 22465 / 79668 PIN# part of 2LA11 / 4616 94 7596 DATE Feb. 11, '99

OWNER OR CONTRACTOR Ronnie L and Lee A. Smith PHONE: Business _____ Home _____

ADDRESS McKendree Rd. Mooresville

LOCATION Brawley Sch Rd. TR McKendree on Rt. immediately past Boat Launch/Access AREA

SUBDIVISION McKendree Pt. BLOCK / SECTION _____ LOT 1 LOT AREA .866 Ac SITE CLASS. PS pre 1952 DESIGN FLOW 480 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: 1000 Gallons; PT 27 Date _____

Pump Make: _____ Model _____ Serial No. 328'

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet ~~300~~

No Lines ~~6~~ 7 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: LPP Panel Block

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

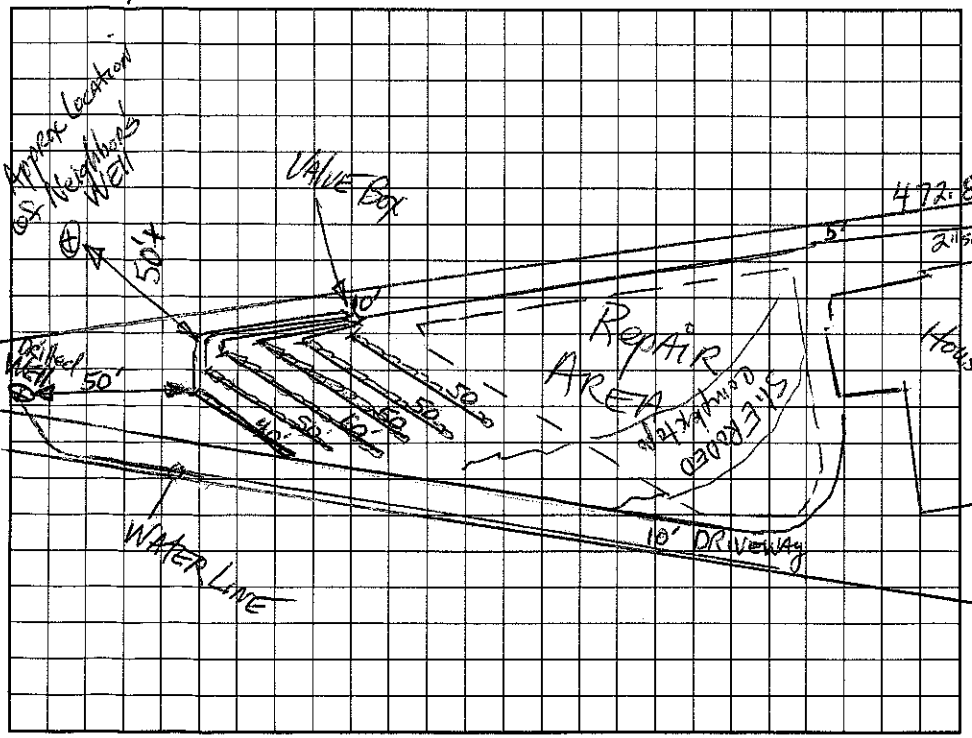
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 8' on center laterals, PART of Repair AREA needs some Shaping/Filling. DO NOT dissect drainfield AREA with any utility lines.

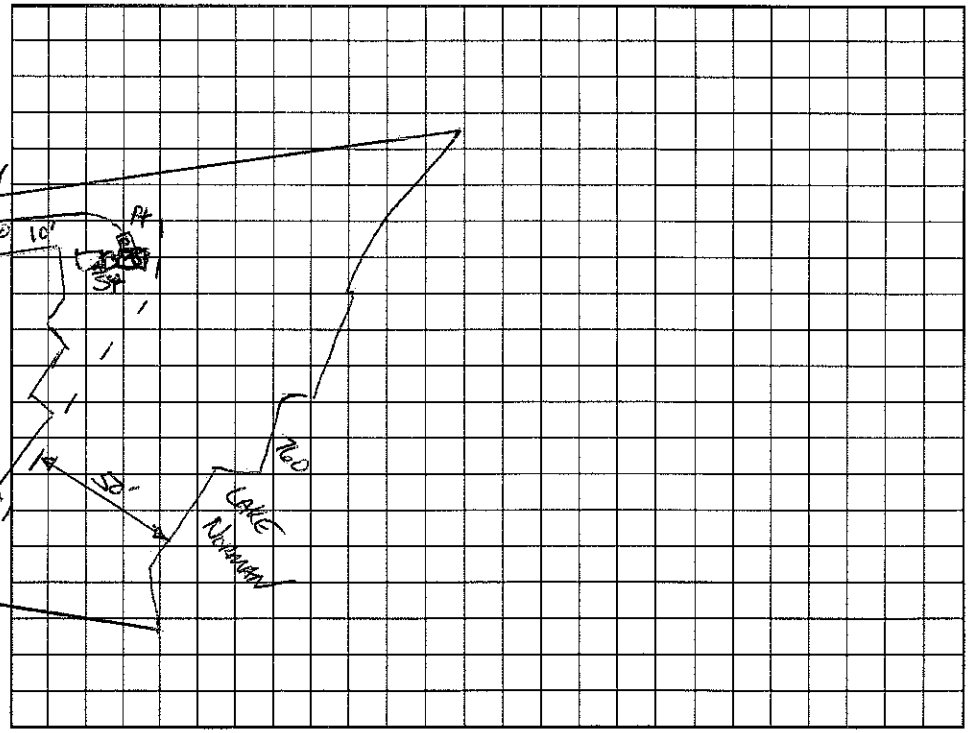
Comments/Conditions: (PARTIAL)

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. 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: Lee A. Smith date 2-12-99 Installed by: Victory Const.

Improvement Permit by: _____ date 2-11-99 Operation Permit by: Wesley Sparks RS. date 6/8/00

Authorization to Construct by: _____ date 2-11-99 Existing System Inspection by: _____ date _____

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