Pin #4624274948

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120145 PIN# 4624275905.981 Evan Doster - Builder DATE 5/11/04

OWNER OR CONTRACTOR Peter Livingston PHONE: Business 507-4883 Home or 519-6443

ADDRESS 126 Brockton Ln Mooresville, NC 28117

LOCATION Brawley School Rd TR 2nd Mansfield Lp (Past Greyfriars) TL Brockton 126 Brockton Ln.

SUBDIVISION The Point BLOCK / SECTION 4 LOT 981 LOT AREA 1.16 Acre SITE CLASS PS DESIGN FLOW 500gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: 1500 Gallons; PT ____ Date ____

Pump Make: Goulds Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 4@25 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: Existing Pump-PM-25 to Relocation

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees ____

☐ Other ____

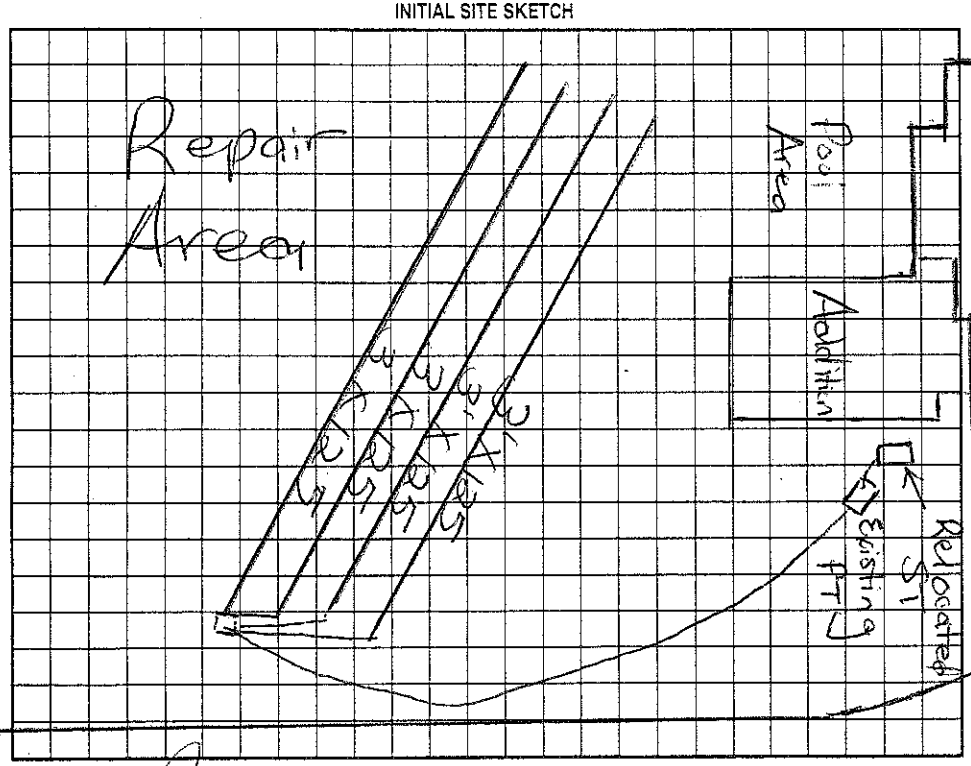
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

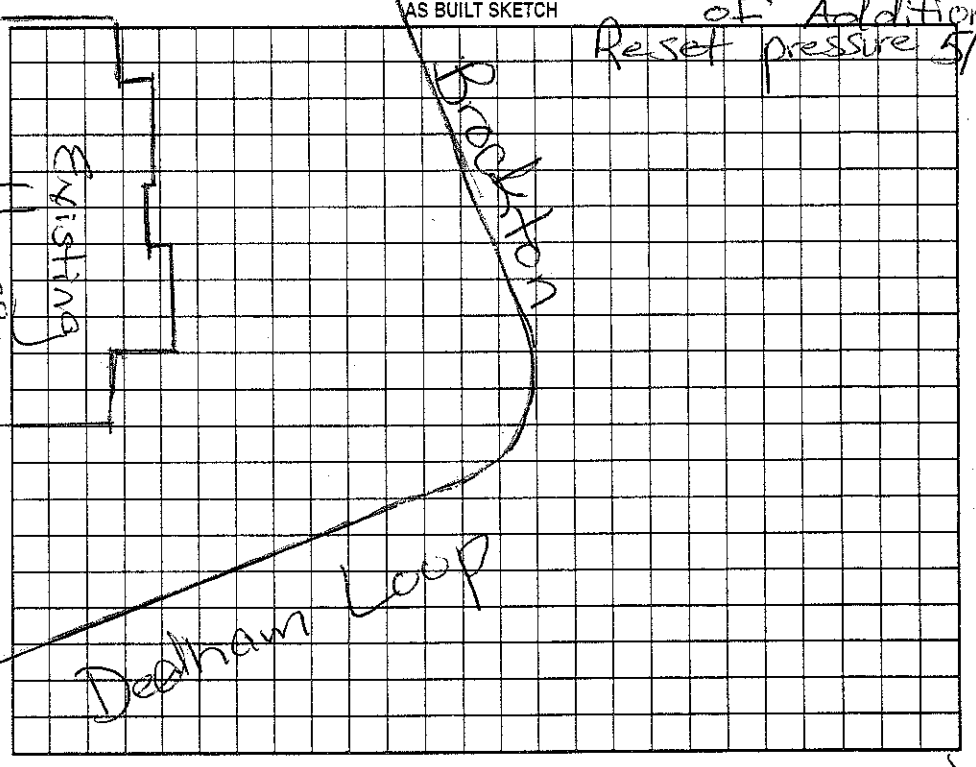
Comments/Conditions: Scale 1:40

Comments/Conditions: Had to move ST over to accomodate addition. ST now 5' From Foundation of Addition Reset pressure 5/11/04

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: ____ date 5/11/04 Installed by: Mayhew/Raft (ST Relocation

Improvement Permit by: ____ RS date 5/11/04 Operation Permit by: ____ RS date 5/11/04

Authorization to Construct by: ____ RS date 5/11/04 Existing System Inspection by: ____ date ____

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