IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 108695 PIN # 4624441233 DATE 6-5-09

OWNER or APPLICANT Ron Carroll PHONE: Business 704 658-1449 Home: 704 658-1404

OWNER or APPLICANT ADDRESS P.O. Box 4297 Mooresville, NC

LOCATION / DIRECTIONS Brawley School Rd TL on Washam Rd lot is on left

SUBDIVISION Cla T BLOCK / SECTION 6 LOT # 1738 LOT AREA 1.036 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank 1500 Gallons: STB 528 Date 4-14-08

Pump Tank 1000 Gallons: PT 17 Date 4-7-08

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 268'

Trench Width min. 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP-Panel Block

Repair System Description: Sand

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

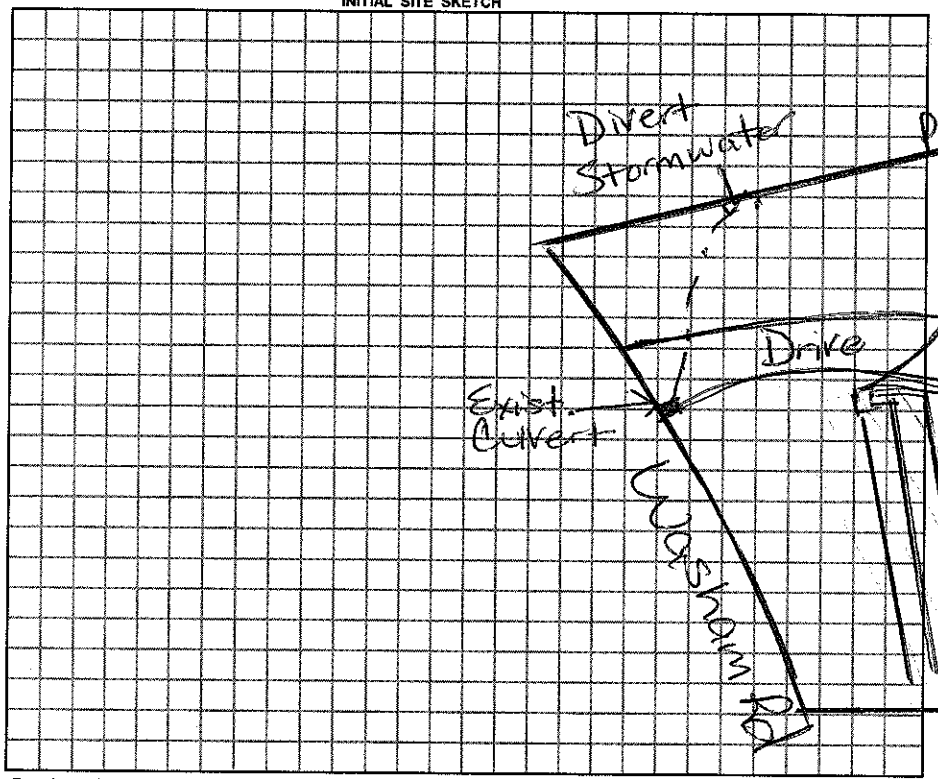
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

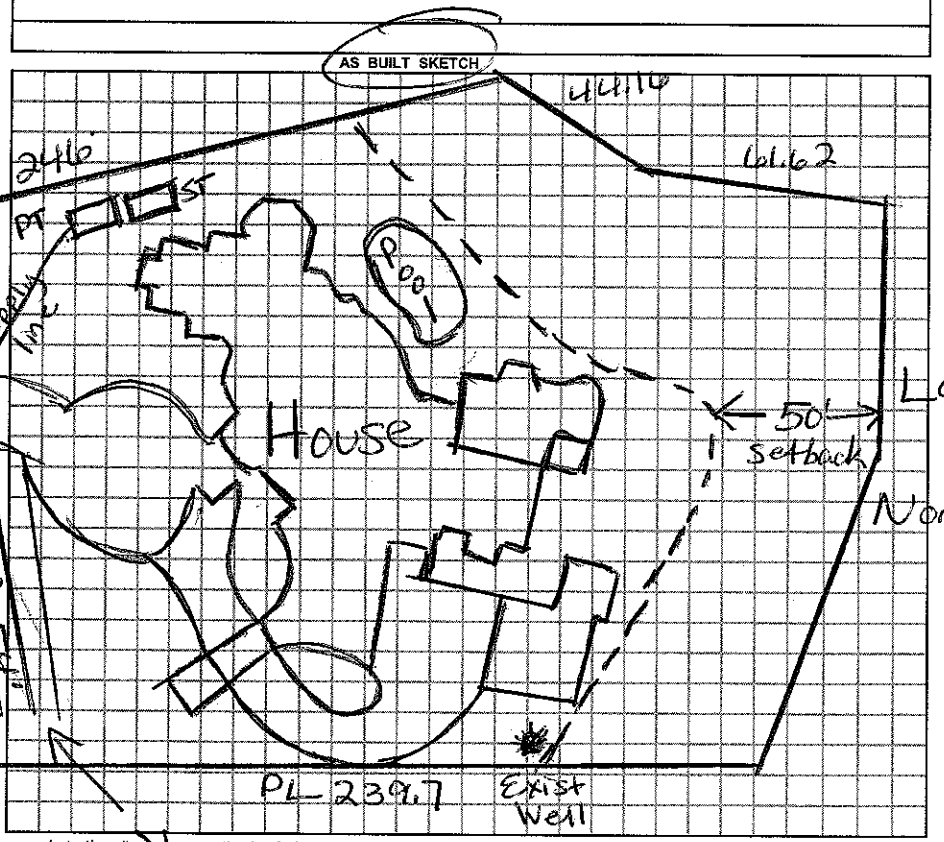
Comments / Conditions: Installed 5 lines @ 54ft.

Comments / Conditions

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date ____

Improvement Permit by: [signature] Date ____

Authorization to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Steve Jordan

Operation Permit by: [signature] Date: 6/12/09

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant