IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118577 PIN# ~~4626-38-4001.301~~ 4626-07-7905 DATE 5-30-06

OWNER OR APPLICANT Mecklenburg Homeworks Inc PHONE: Business 704-662-6863 Home 704-361-7126

ADDRESS 134 Brownstone Dr Mooresville 28117

LOCATION Brawley school Rd TR McKendree about 2 miles on left

SUBDIVISION The Farms BLOCK / SECTION ph 3 LOT 301 LOT AREA 1.34 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft²

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/13/06
Pump Tank: 1000 Gallons; PT 27 Date 5/4/06
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270
No Lines 3@90' Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community

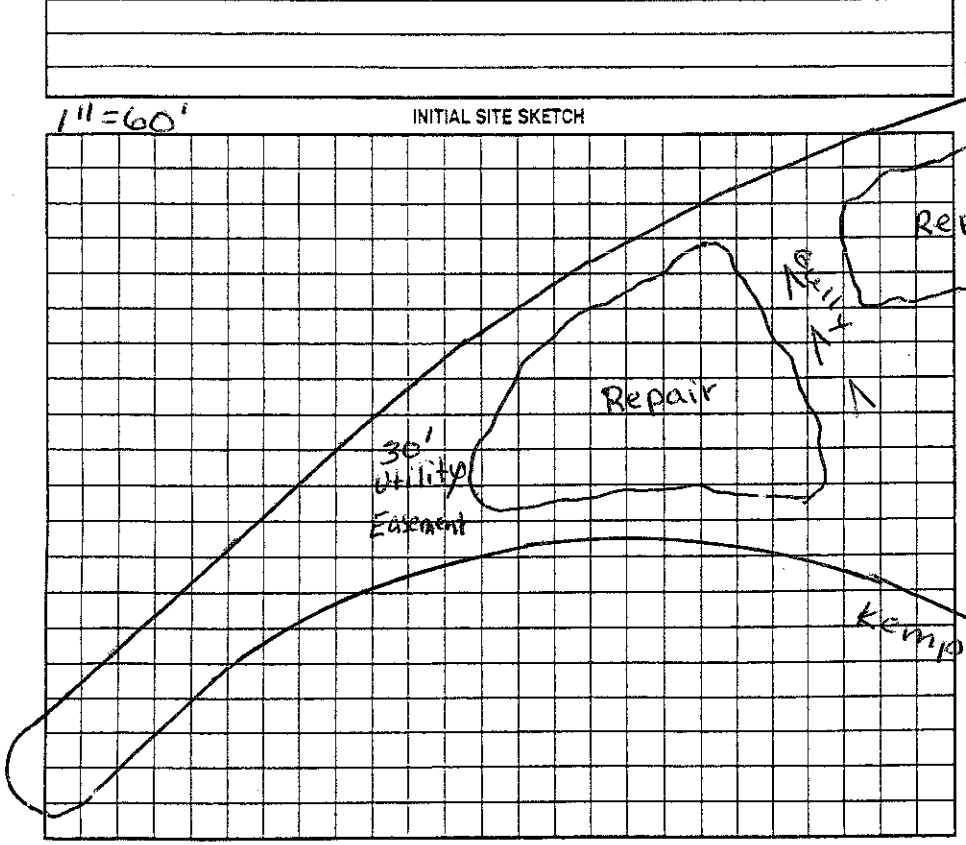
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

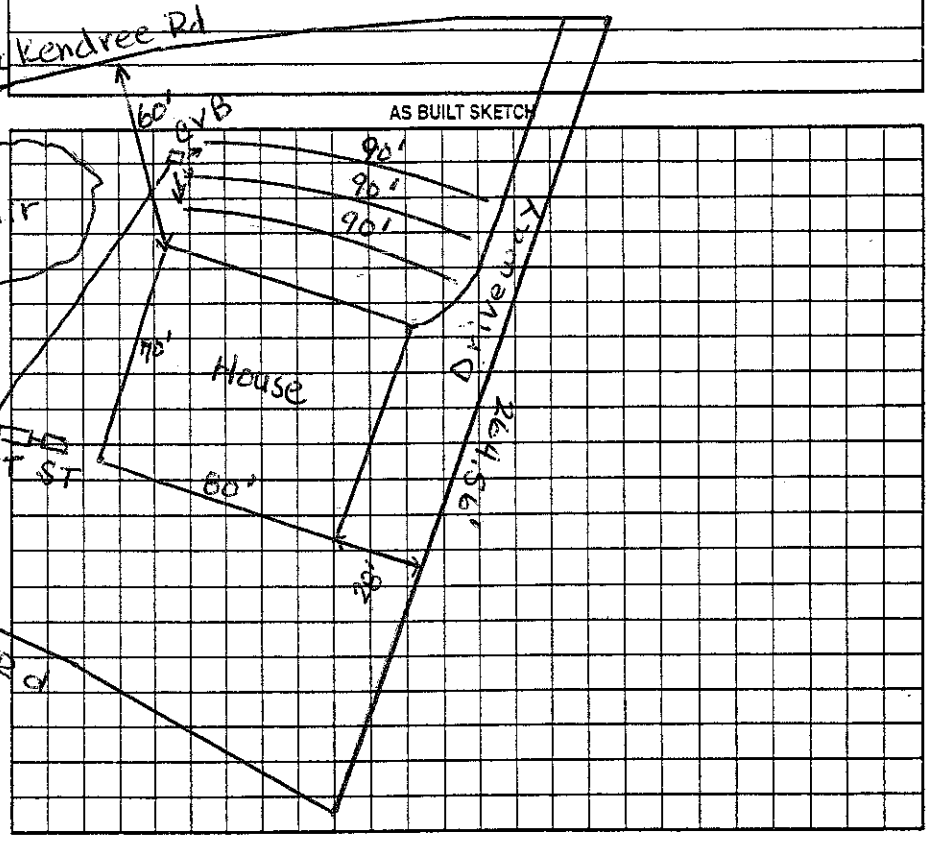
Comments:/Conditions:

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: David Mann date _____

Improvement Permit by: Judy McNeille date 5-30-06

Authorization to Construct by: Judy McNeille date 5-30-06

Installed by: Abernathy

Operation Permit by: Joseph E. Allen date 1/10/07

Existing System Inspection by: _____ date _____

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