11,000

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071666 PIN# 4626110176 DATE 2/4/98

OWNER OR CONTRACTOR SCOTT LEE PHONE: Business _____ Home 662-8587

ADDRESS 601 BARBER LOOP MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR CHUCKWOOD - GO TO END - TL BARBER LOOP - 2nd ON RT.

SUBDIVISION — CL&T BLOCK / SECTION — 7 LOT 64 - LOT AREA .93AC SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .4 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 8-11-98
Pump Tank: 1000 Gallons; PT 27 Date 9-27-98
Pump Make: HYDROMATIC Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth MA

☑ New System ☐ Repair System Type: I, II, ☑ III, IV, V, VI
System Description: PUMP CHAMBERED OR HDS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

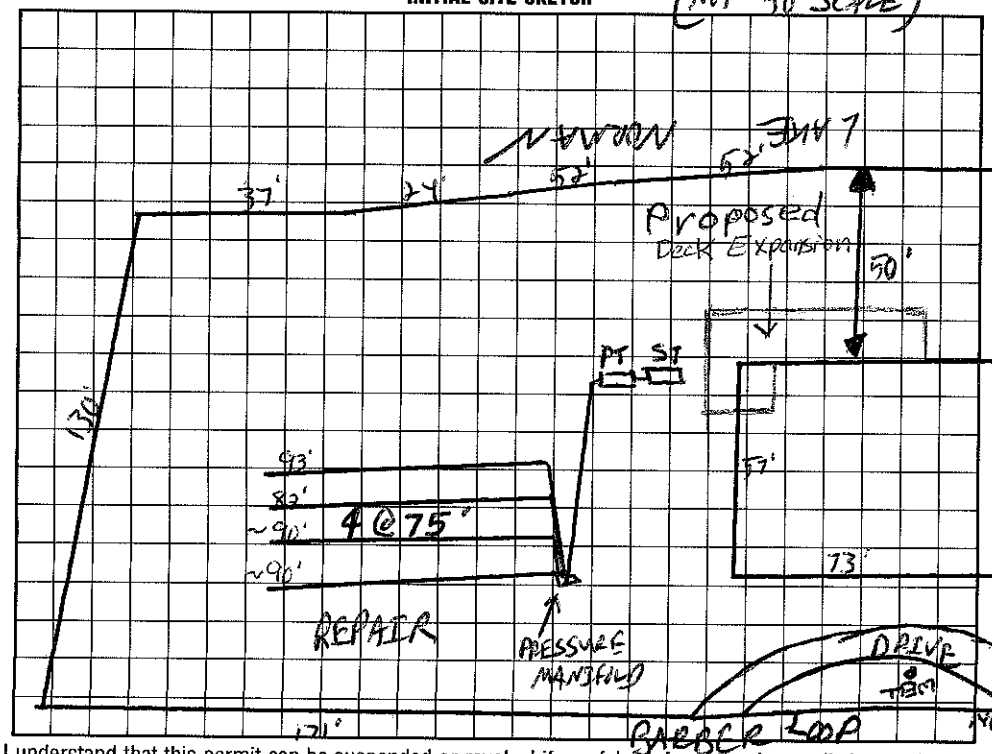
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Checked Tanks & lines 12/9/98 mlb
PRESSURE checked

INITIAL SITE SKETCH (NOT TO SCALE)



AS BUILT SKETCH

ICHD-Environmental Health Division

The proposed / existing Deck Expansion addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 5' from septic tank

Judy Melville R.S.

Date: 4-12-12

I understand that this 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: Scott R Lee date 2/5/98

Improvement Permit by: C. Ray Zamm RS date 2/4/98

Authorization to Construct by: C. Ray Zamm RS date 2/4/98

Installed by: Atlantic Excavating

Operation Permit by: Wesley Sparks RS. date 3/27/00

Existing System Inspection by: _____ date _____

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