IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102370 20 PIN# 4626 21 4590 DATE 10/12/01

OWNER OR CONTRACTOR Grady Mayhew PHONE: Business _____ Home 704-664-9333

ADDRESS 165 Chuckwood Rd. Mooresville, NC. 28117

LOCATION 1180 TR Chuckwood Rd. on R past 1st Barbee Loop.

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 720,000 FT² SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3/18/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267

No Lines 3@88 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

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

System Description: GRAY - CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

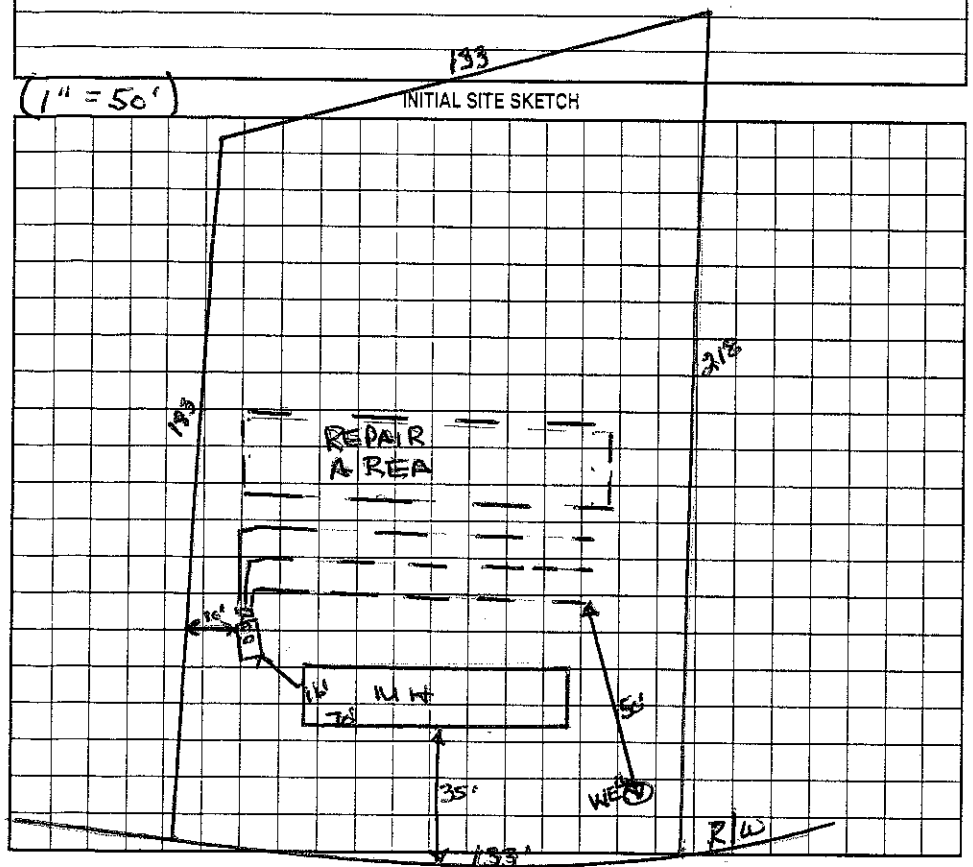
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

(1" = 50')

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Installed As Drawn

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: * Grady L Mayhew date 10-25-01

Improvement Permit by: Wesley Sparks RS. date 10/12/01

Authorization to Construct by: Wesley Sparks RS date 10/12/01

Installed by: K & K Grading

Operation Permit by: _____ date 4/25/03

Existing System Inspection by: _____ date _____

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