3000

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 065674 PIN# ~~4625-94-1654~~ 4626-30-0521 DATE 4/28/99

OWNER OR CONTRACTOR Jim Bradley PHONE: Business _____ Home 892-9104

ADDRESS 125 N. Hampton Dr. Mooresville NC 28117

LOCATION Brawley Sch. TR Bay Harbour, TR Shipyard Pt TR Cades Cove Ln at end

SUBDIVISION The Harbour BLOCK / SECTION 6 LOT 11 LOT AREA 20,000 sq ft SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/18/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 798 Linear Feet 266
No Lines 6 @ 45 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: Gravity/Panel
Repair System Description: Pump/Panel
Maintenance Agreement Required: ☐ Yes ☒ No

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

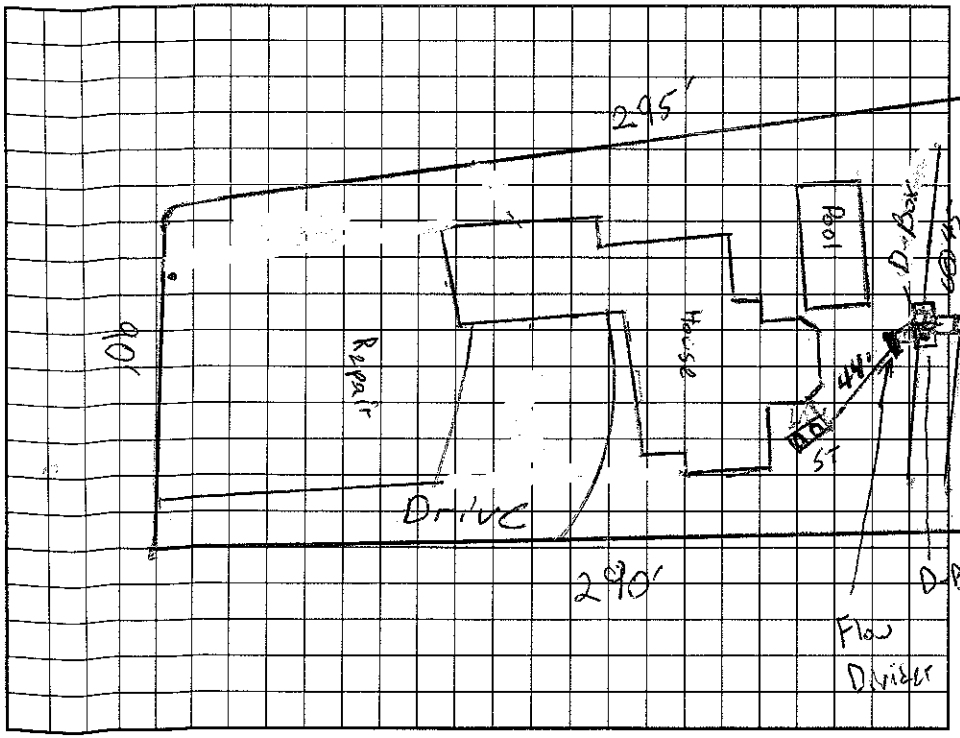
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☒ Community

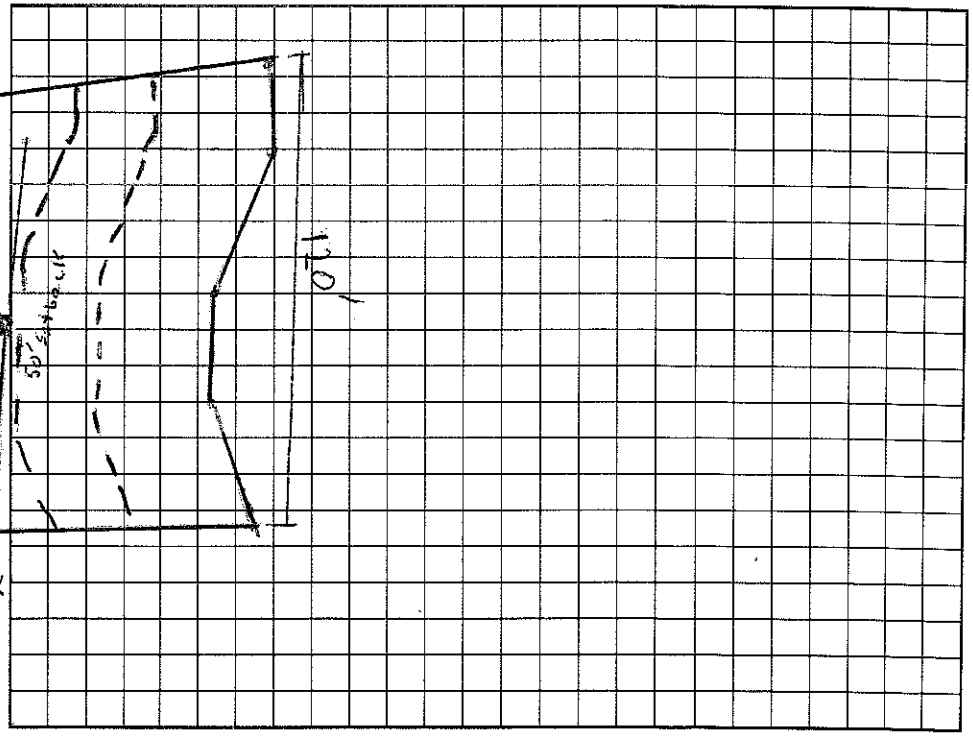
Comments/Conditions: Install lines on Contour
Keep septic 15' off pool, 10' off Pl, d
5' off House

Comments/Conditions: 31' from House to 1st Drain Line

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 5-07-99 Installed by: Curt Dunning

Improvement Permit by: Jeff Morgan date 4/28/99 Operation Permit by: Wesley Sparks RS. date 6/2/00

Authorization to Construct by: Jeff Morgan date 4/28/99 Existing System Inspection by: _____ date _____

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