IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $175.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 102402 ZO PIN# 4626513961 ~~309-1 111~~ DATE 9-12-2001

OWNER OR CONTRACTOR Ray Short PHONE: Business 987-0278 Home (202-5568

ADDRESS P.O. Box 3792 Mooresville, Nc 28117

LOCATION Brawley School Rd TR Chickwood TR Seagrove at end.

SUBDIVISION Holiday Harbor BLOCK / SECTION ____ LOT 16 LOT AREA .5 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10-26-01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Panel Block

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

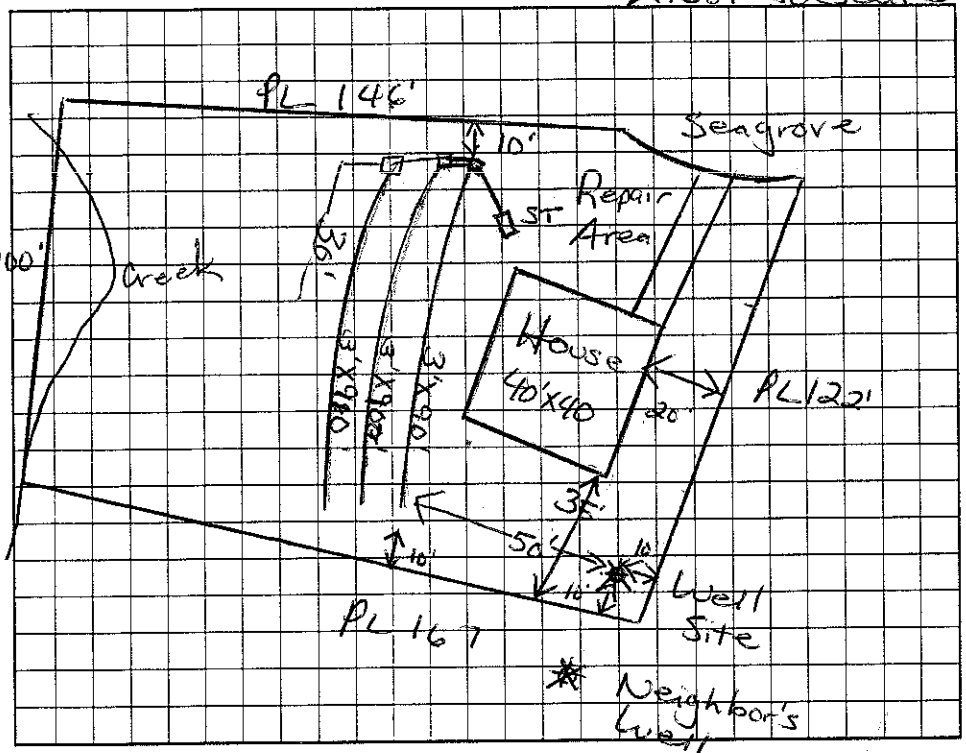
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from well. Keep House minimum distance off back property line.

Comments:/Conditions: Checked elevations on lines Grey filter installed Tanks Checked 11/29/01

INITIAL SITE SKETCH ★Not to Scale



AS BUILT SKETCH

Installed E-Z Flow lines

3 @ 90' 1 @ 30'

used "Drop boxes"

★ Must divert Stormwater around drainfield. (away from)

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: By Short date ____ Installed by: Howard Backhoe

Improvement Permit by: Maria H. H Dotson RS date 9/12/2001 Operation Permit by: Maria H. H Dotson RS date 12/3/01

Authorization to Construct by: Maria H. H Dotson RS date 9/12/2001 Existing System Inspection by: ____ date ____

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