# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104662 PIN# 4626-66-0814 DATE 2/12/02

OWNER OR CONTRACTOR Richard Abernathy PHONE: Business 704 309-8625 Home 704-664-6506

ADDRESS 1397 Brawley Sch Rd / Mooresville NC 28117

LOCATION Brawley Sch, TR McKendree, on Lt across from Cemetery (216)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.47 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 4-13-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ 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 —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

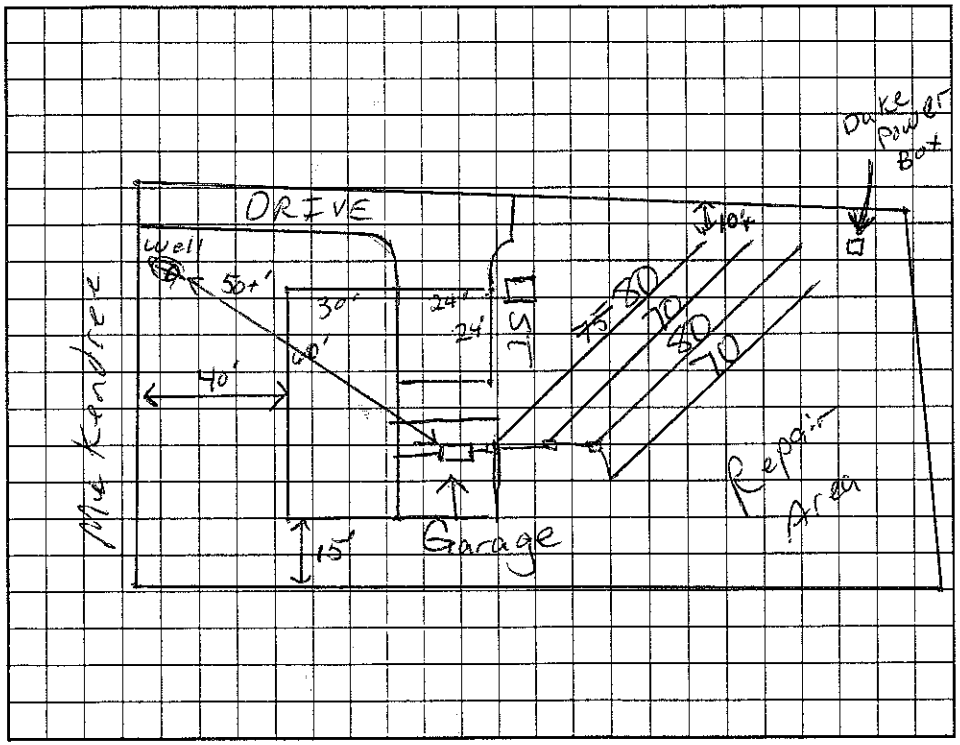
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

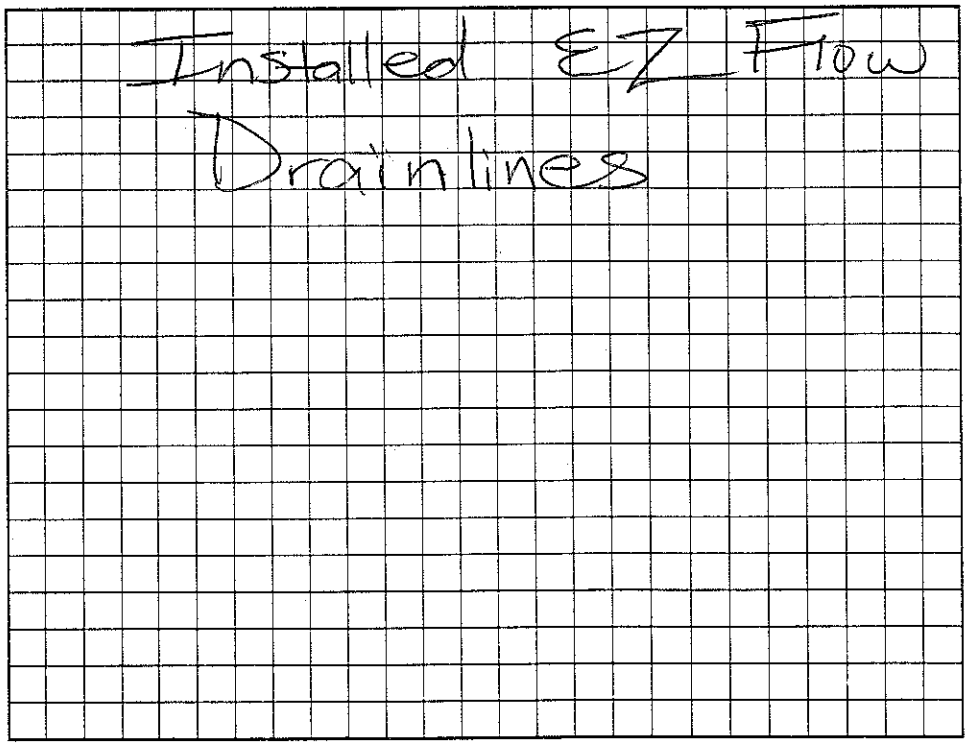
Comments:/Conditions:

Comments:/Conditions: Filter installed. Trenches were pumped out as much as possible after rain storm.

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 2/12/02 Installed by: Richard Abernathy

Improvement Permit by: _____ RS date 2/12/02 Operation Permit by: _____ BS date 4/28/2005

Authorization to Construct by: _____ RS date 2/12/02 Existing System Inspection by: _____ date _____

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