IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079818 PIN# ~~4626879567~~ 4626 84 9681 DATE 4/1/99

OWNER OR CONTRACTOR Richard Anderson PHONE: Business _____ Home 704-346-4722

ADDRESS 119 McKendree, Mooresville NC 28115

LOCATION Brawley School, Rt on McKendree, 1st House on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1213 Date 3/26/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ~~x~~ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width N/A Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: _____
Repair System Description: ~~Existing~~
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

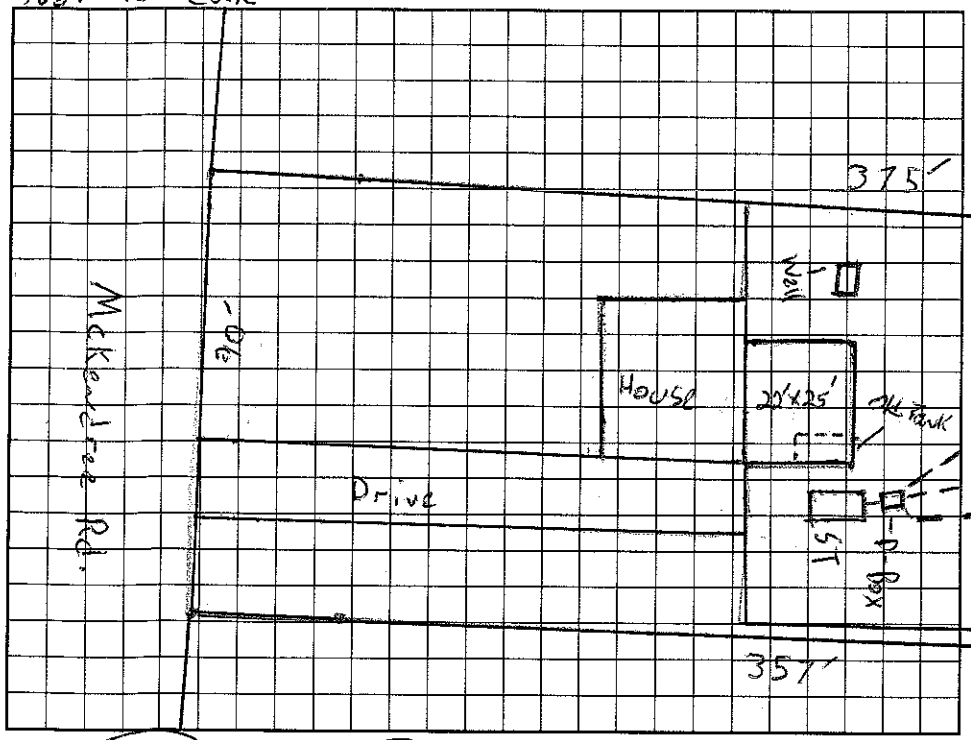
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install new tank 5' off of new building. Install new distribution Box in same spot as old D-Box Keep new ST 50' min. off well

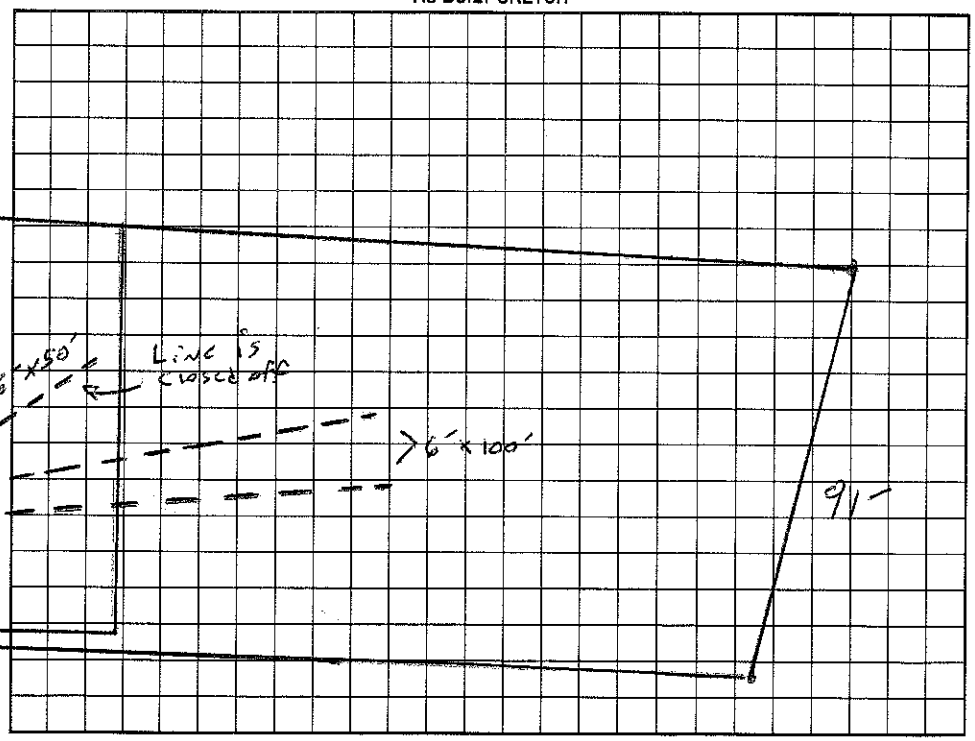
Comments:/Conditions:

Not to Scale

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 4/1/99 Installed by: ABC Septic

Improvement Permit by: Jeff Morgan date 4/1/99 Operation Permit by: _____ date 4/19/99

Authorization to Construct by: Jeff Morgan date 4/1/99 Existing System Inspection by: _____ date _____

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