2:30~3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# D23473 PIN# 2F-11-4-28 4626-96-6559 DATE 5-9-2001

OWNER OR CONTRACTOR George F. Allen 095088 PHONE: Business 201-3301 Home 660-1671

ADDRESS 155 Rebecca Rd. Mooresville NC 28117

LOCATION Brawley School TR Poplar Grove TR Tawny Bark TL Sycamore Slope on left

SUBDIVISION Poplar Grove BLOCK / SECTION ____ LOT 28 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date ____
Pump Tank: 1000 Gallons; PT 17 Date 3/12/01
Pump Make: ____ Model SHEF66A Serial No. 5/1/01
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Pump - 25% Reduction
Repair System Description: Pump - Panel Blk.
Maintenance Agreement Required: [ ] Yes [X] No

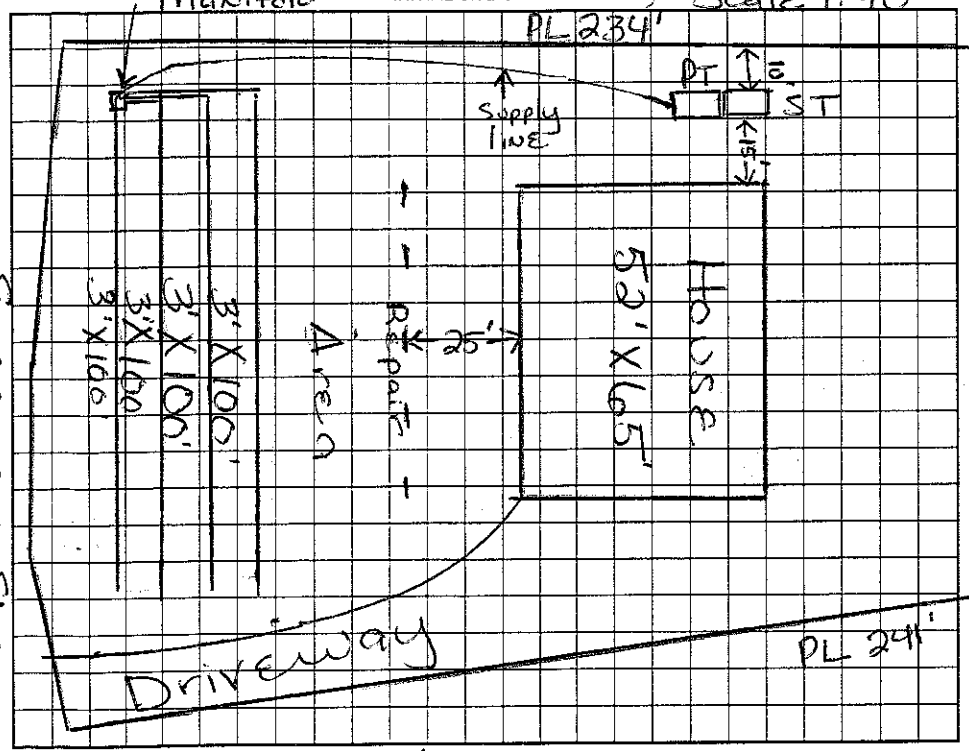
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

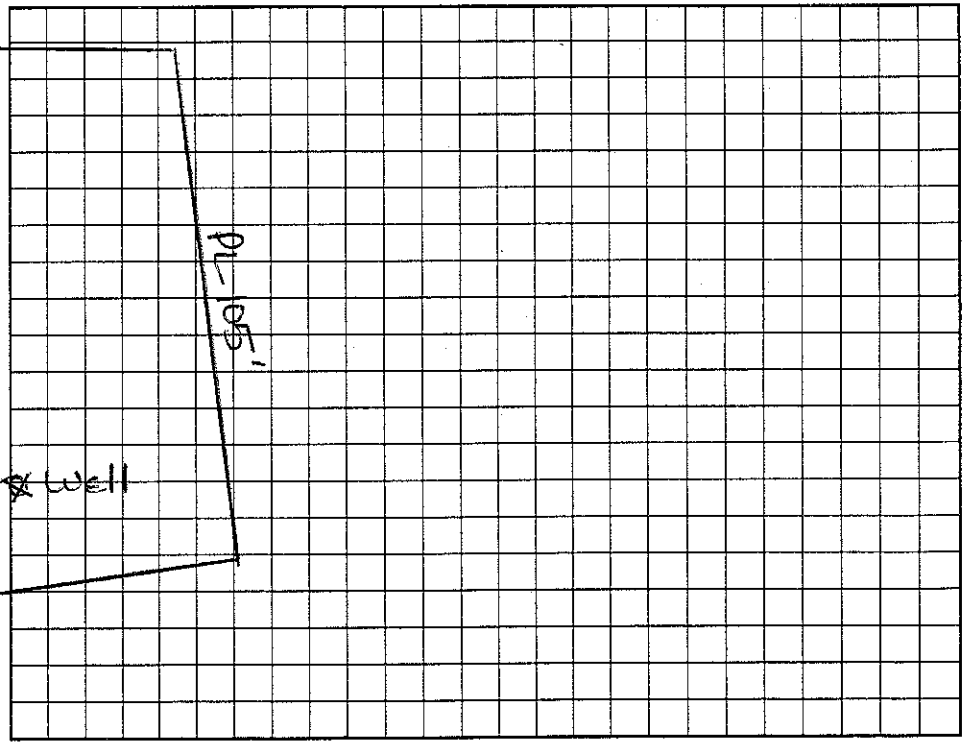
Comments:/Conditions: Keep Septic System at least 10' from PL & 50' From any well. Drainfield must be 25' From Basement well. Supply line can be 5' From PL.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:40



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 6-20-1 Installed by: Al Barkhoe

Improvement Permit by: Maria H. H. Dotson RS date 5/9/2001 Operation Permit by: ____ date 6/6/03

Authorization to Construct by: Maria H. H. Dotson RS date 5/9/2001 Existing System Inspection by: ____ date ____

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