IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #250 MOORESVILLE 704-664-5281

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

PERMIT# 91255 PIN# 4627 30 9891 DATE 10/13/00

OWNER OR CONTRACTOR Larry E. Sloan PHONE: Business _____ Home (704) 664-2774

ADDRESS 272 Dogwood Circle Mooresville NC 28117

LOCATION Brawley School Rd, R McKendree, R Dogwood Cir bare Lt on Lt

SUBDIVISION CL+F BLOCK / SECTION 8 LOT 367 LOT AREA .89 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1600 Gallons; STB 794 Date 4/10/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet ~~200~~

No Lines 2@100' Trench Width ~~24~~ 36" Max Trench Bottom Depth 18" Gravel Depth —

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

System Description: Add 25% Red

Repair System Description: Drip

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

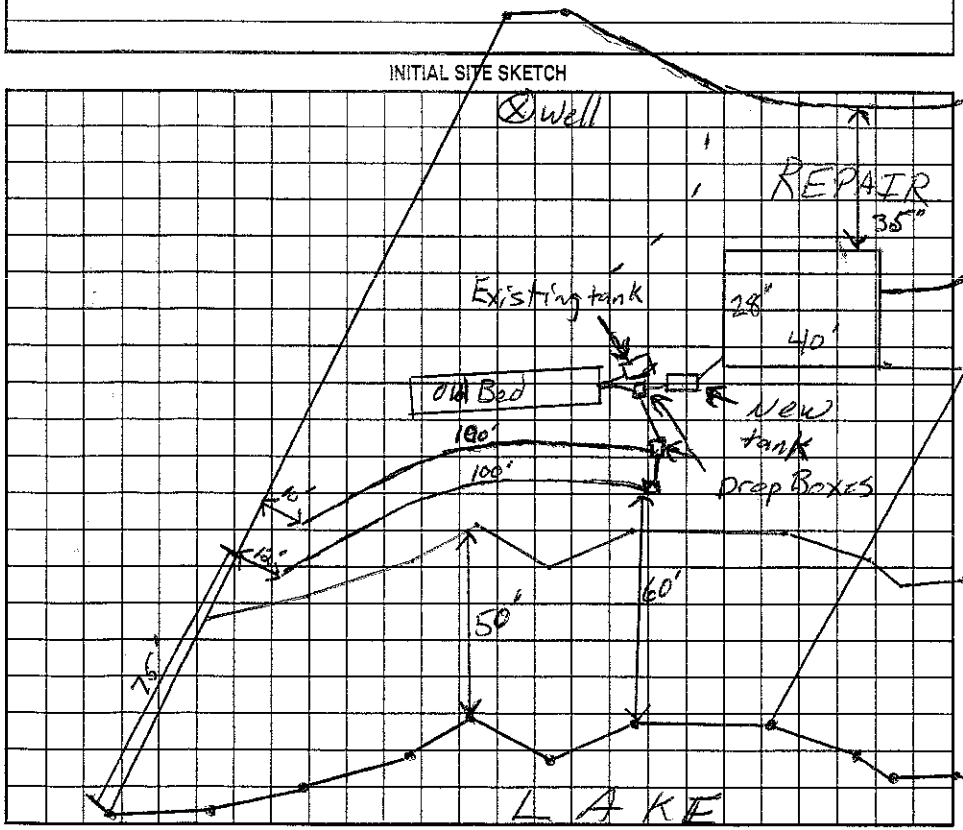
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

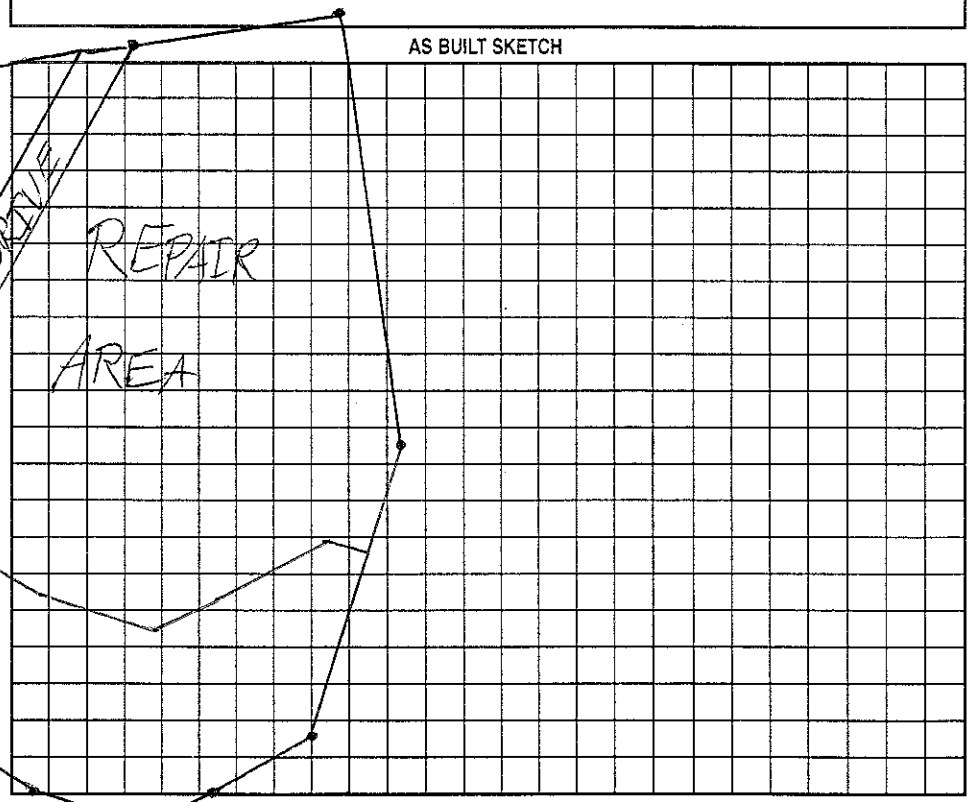
Comments:/Conditions: Replace Existing tank

Comments:/Conditions: Installed as shown on AC.

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 10-5-00 Installed by: FJ Ennis

Improvement Permit by: _____ RST date 10/4/00 Operation Permit by: Wesley Sparks RS date 8/22/01

Authorization to Construct by: _____ RST date 10/4/00 Existing System Inspection by: _____ date _____

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