10.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21710 PIN# 2L3A322 4627321989 DATE 10/2/98

OWNER OR CONTRACTOR BEN THOMAS PHONE: Business Home

ADDRESS

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - TR 1ST LAKEVIEW - TR GOAT HILL - AT END OF CUL-DE-SAC

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 322 LOT AREA 1.67AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1612 Date 2/29/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 5@40' Trench Width 24" Max Trench Bottom Depth ~~30~~ 25" Gravel Depth N/A

☒ ~~New System~~ ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY PANEL
Repair System Description: SAME IF AVAILABLE
Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

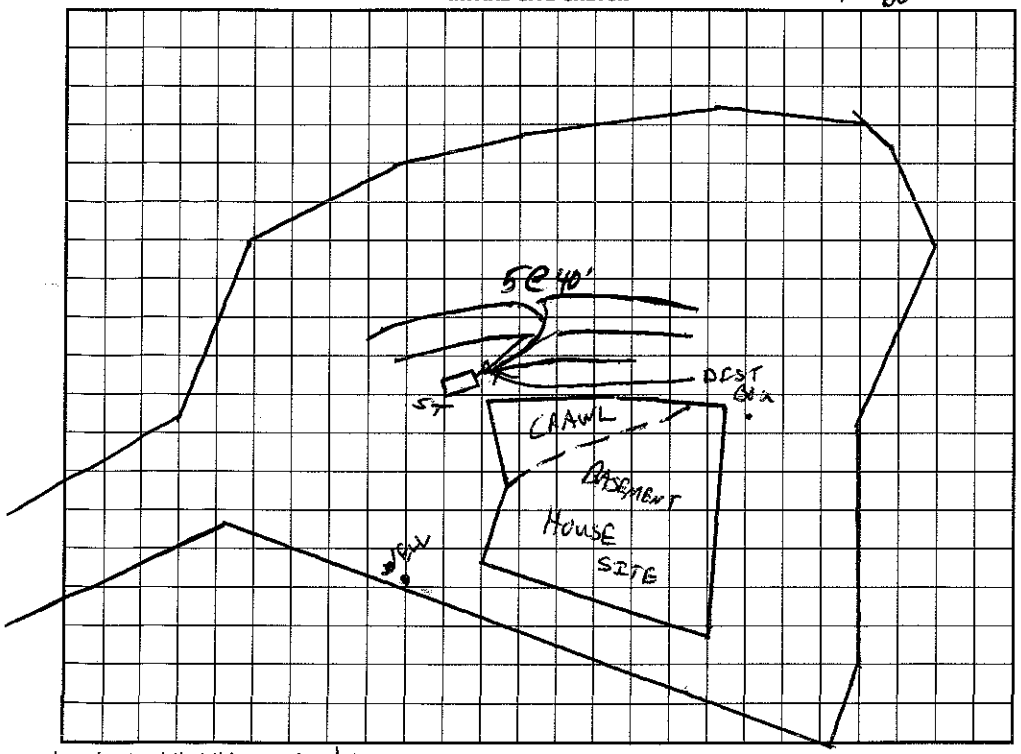
☒ ~~House/Mod. Home~~ No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ ~~Individual~~
☐ Public
☐ Community

Comments:/Conditions: SOME OF SHORE LOST FROM EROSION. SYSTEM SHALL NOT BE AN OPERATION PERMIT UNTIL SHORELINE HAS BEEN REGAINED.

Comments:/Conditions: PARTIAL

INITIAL SITE SKETCH 1"=60'



AS BUILT SKETCH

I understand that this 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 10/5/98

Improvement Permit by: C. Taylor R.S. date 10/2/98

Authorization to Construct by: C. Taylor R.S. date 10/2/98

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks R.S. date 5/9/00

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21710 DATE April 23, 96 TAX MAP NO. 2L3A322 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Harry & Kay Bivens PHONE: Business _____ Home 663-3655

ADDRESS 522 River Hwy Mooresville (% Thornton Brooks)

LOCATION Brawley Sch Rd. TR McKendree TR 1st Lakeview TR Goat Hill At end in cul-D-Sac

SUBDIVISION Crescent LN BLOCK / SECTION 8 LOT 322 LOT AREA ~1.67Ac SITE CLASS. PSpen. 1956 DESIGN FLOW 360gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 3@67' Trench Width 24" Max Trench Bottom Depth ~28" Gravel Depth N/A

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

System Description: Gravity Panel Block

Repair System Description: Grav. Panel if available *

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

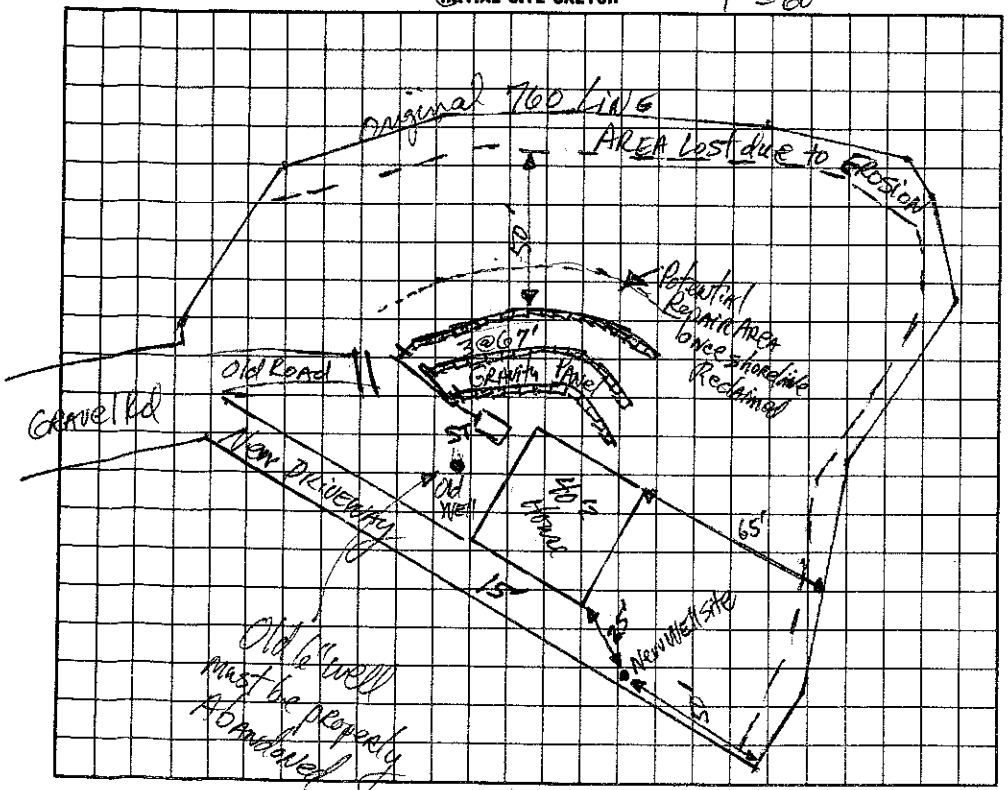
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Lot AREA lost due to erosion below projected septic drainfield and well site must be reclaimed.

* This site was preexisting ~~prior~~ to 1983

Comments:

INITIAL SITE SKETCH 1" ≈ 60'



AS BUILT SKETCH

I understand that this 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.

Signed: Thornton Brooks Jr

Improvement Permit by: _____ date 4-23-96

System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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