IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095675 PIN# 4627600787 DATE 4/26/2001

OWNER OR CONTRACTOR Daniel Waddell PHONE: Business 455-0378 Home 664-2911

ADDRESS 265 Grasshopper Circle Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TR Grasshopper TR Passage Ct

SUBDIVISION CL & T BLOCK / SECTION 8 LOT 435 LOT AREA .72 Acre SITE CLASS. FS DESIGN FLOW 360 gpd L.T.A.R. J + Game Room

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet Existing Linear Feet ____

No Lines ____ Trench Width Existing Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

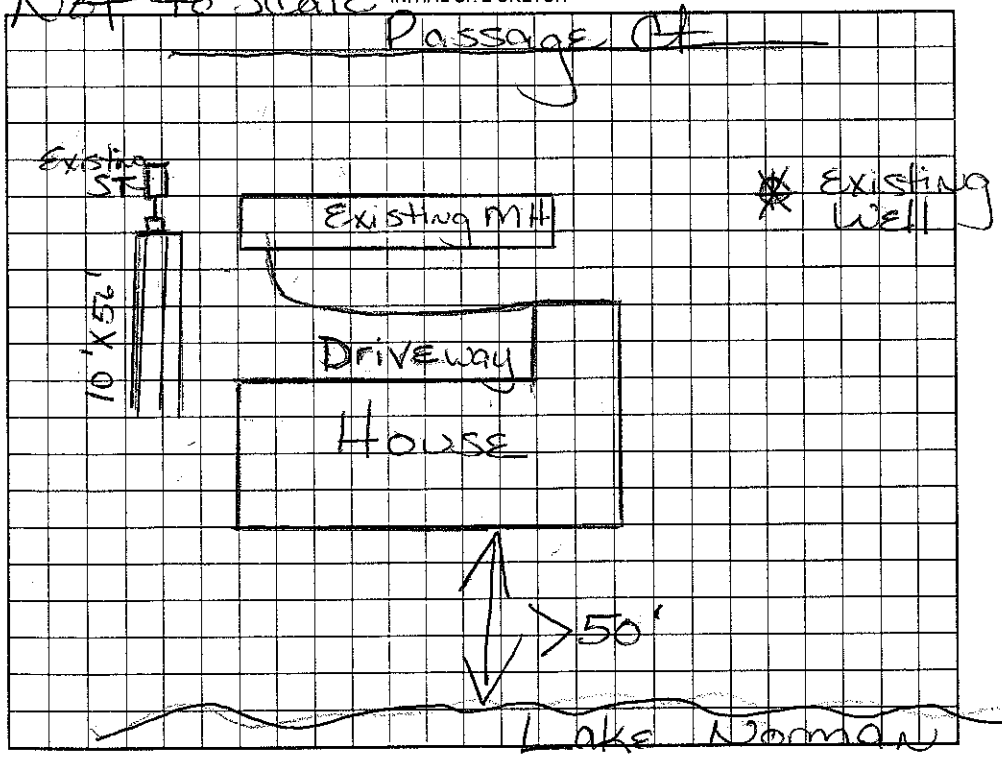
☒ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

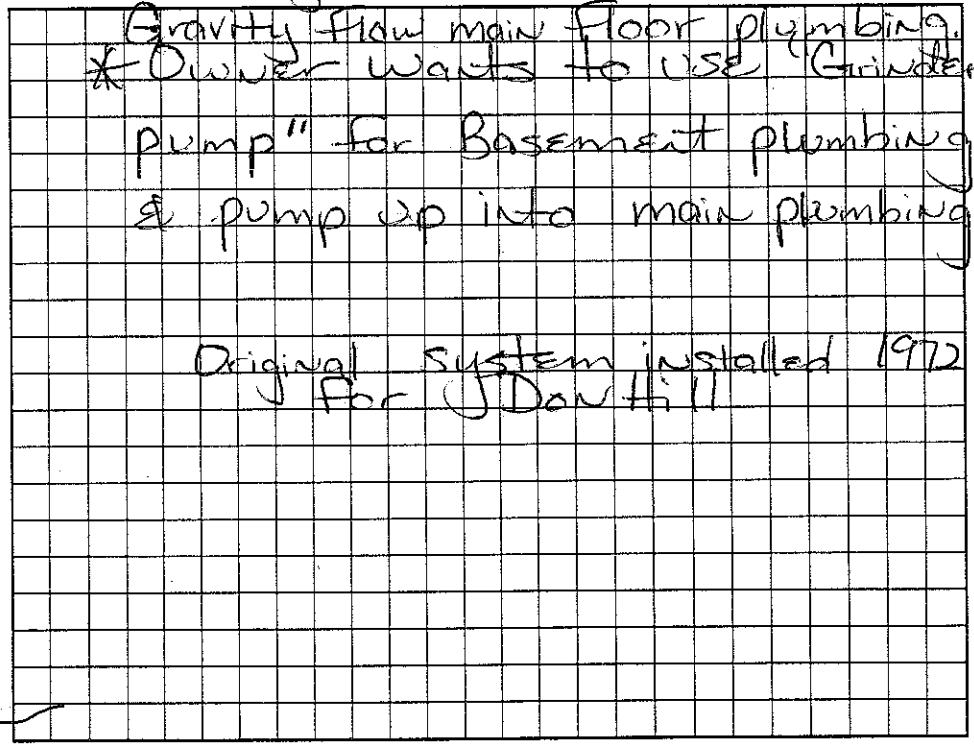
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problems noticed.

Comments:/Conditions: Keep New House at least 50' from lake. House foundation at least 5' from Drainfield & ST. Keep Basement wall at least 15' sidegradient or 25' downgradient of Drainfield.

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: Daniel Waddell date 4/26/01 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Dotson RS date 4/26/2001 Existing System Inspection by: Maria H. Dotson RS date 4/26/2001

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