4627-81-5038

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

3:30-4:10

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

PERMIT# 94671 PIN# 4629819108 PT 522-9200 ext 308 DATE 9/12/2001

OWNER OR CONTRACTOR David Gaus PHONE: Business 406-0334 Home (704) 658-0978

ADDRESS 153 Springwood Ln Mooresville, NC 28117

LOCATION Brawley School TR Blume TL Beaten Path TL Cicero TL Sharenders TR Bothan Rt.

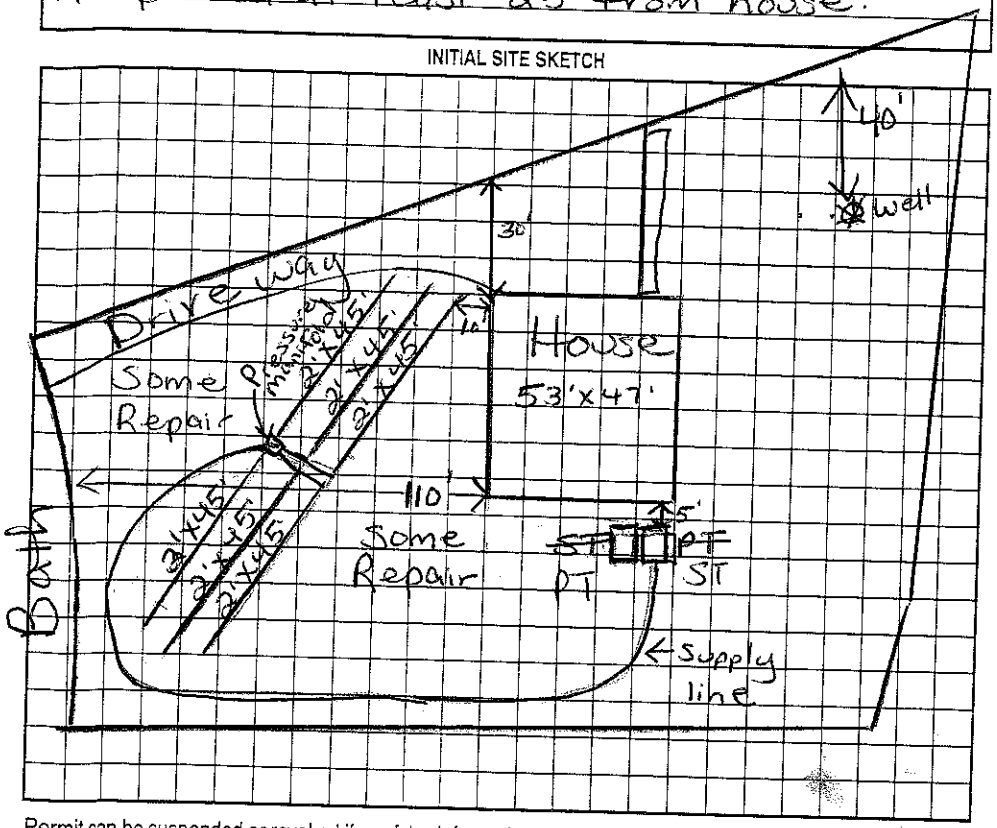
SUBDIVISION Sharenders Blvd BLOCK / SECTION 2D LOT 110 LOT AREA .81 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 10-24-01	X New System ☐ Repair System Type: I, II, III, IV, V, VI	X House/Mod. Home No. Bedrooms 4	Water Supply: X Individual ☐ Public ☐ Community
Pump Tank: 1000 Gallons; PT 319 Date 8-11-01	System Description: Pump-PM-Panel Block	☐ Mobile Home No. Bathrooms ___	
Pump Make: HYDROMATIC Model SHEF 50-A Serial No. 01	Repair System Description: Pump-LP Panel	☐ Business No. Employees ___	
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270'	Maintenance Agreement Required: ☐ Yes X No Not Initially	☐ Other ___	
No Lines 6 @ 45' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A	☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

Comments:/Conditions: Keep Septic System at least 10' From House & 100' to well. Keep well at least 25' From house.

Comments:/Conditions: Need to check filter. Checked tanks & lines 12/21/01 MD Advised to "line" trenches.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn
Used 3 P. trenches

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: David Gaus date 9/25/2001 Installed by: Mac Leod

Improvement Permit by: Maria H. Thompson RS date 9/17/2001 Operation Permit by: Wade Sparks RS. date 1/10/03

Authorization to Construct by: Maria H. Thompson RS date 9/17/2001 Existing System Inspection by: ___ date ___

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