IREDELL COUNTY HEALTH DEPARTMENT

Paid 50.00 DT

...LE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 91279 PIN# ~~4627871014~~ RT 4627916292 DATE 12/6/2000

OWNER OR CONTRACTOR Brian Long PHONE: Business 807-2279 Home 663-2471

ADDRESS 112 Webbed Foot Rd. Mooresville, NC 28117

LOCATION Brawley School Rd TR Blume TL Beaten Path TL Cicero TL Shavender Dr. on left

SUBDIVISION Shavenders Bluff BLOCK / SECTION ____ LOT 90 LOT AREA .75 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9/18/01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
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

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

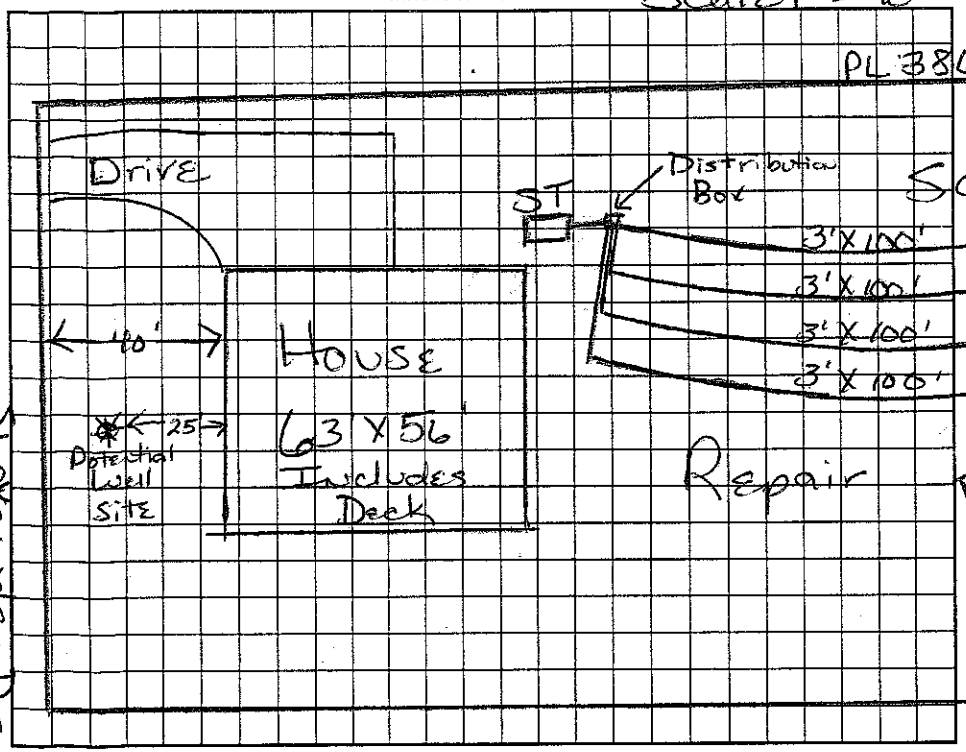
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

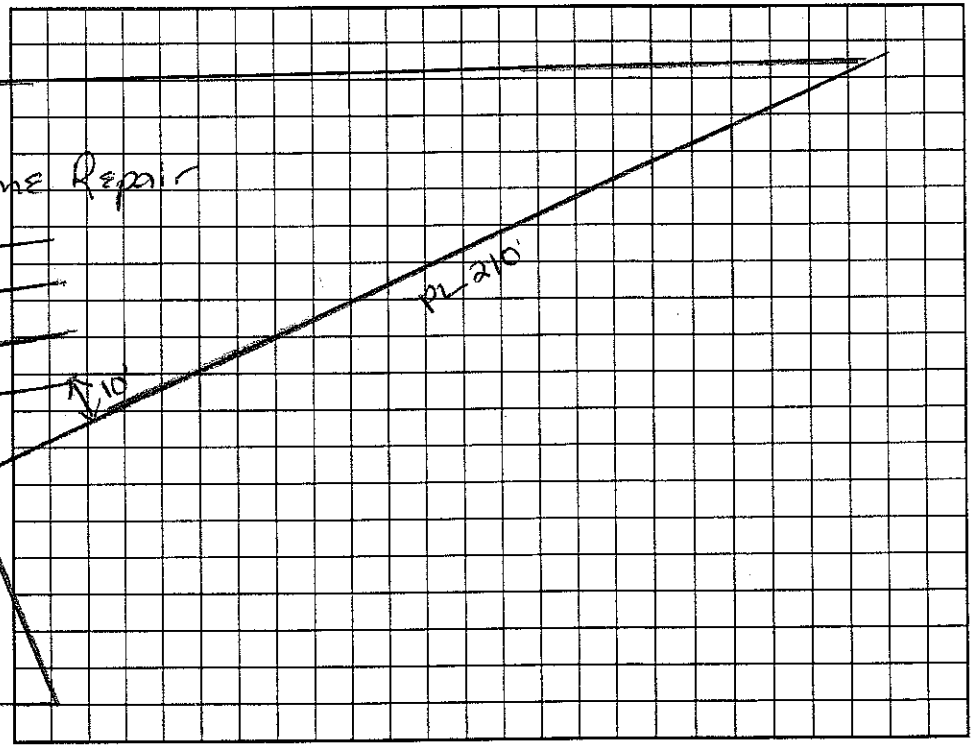
Comments:/Conditions: Note: Pull out plumbing high enough to keep gravity flow to ST & Drainfield. Stay at least 10' From PL, 5' From House & 50' From ANY well.

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: [signature] date 12-7-00 Installed by: FJ Equip

Improvement Permit by: Maria H. Dotson RS date 12/7/2000 Operation Permit by: [signature] RSI date 7/17/01

Authorization to Construct by: Maria H. Dotson RS date 12/7/2000 Existing System Inspection by: ____ date ____

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