3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074947 PIN# ~~4635 37 7434 (PT)~~ 4635375486 DATE 3/3/99

OWNER OR CONTRACTOR ROBERT MANN JR. PHONE: Business _____ Home _____

ADDRESS ~~MOORE~~ 541 ISLE OF PINES RD. MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - ISLES OF PINES - ON LT - (#541)

SUBDIVISION CLOT BLOCK / SECTION 5 LOT 31 PT LOT AREA 1.904 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~OR~~ 312 Date 5/3/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: CHAMBERS OR HOS
Maintenance Agreement Required: ☐ Yes ☑ No

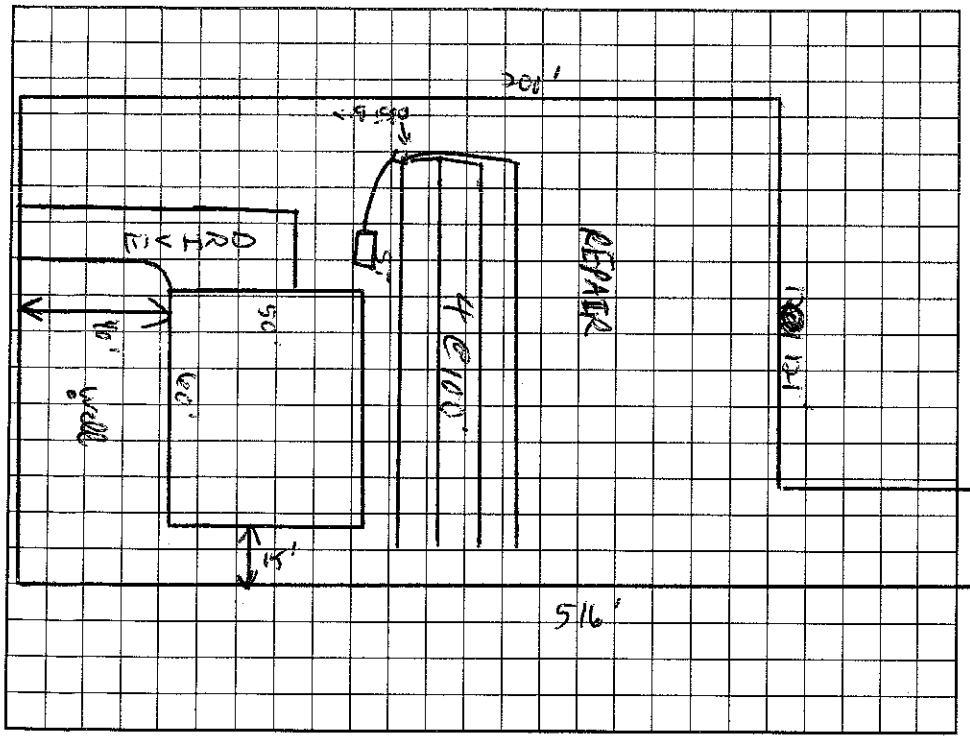
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

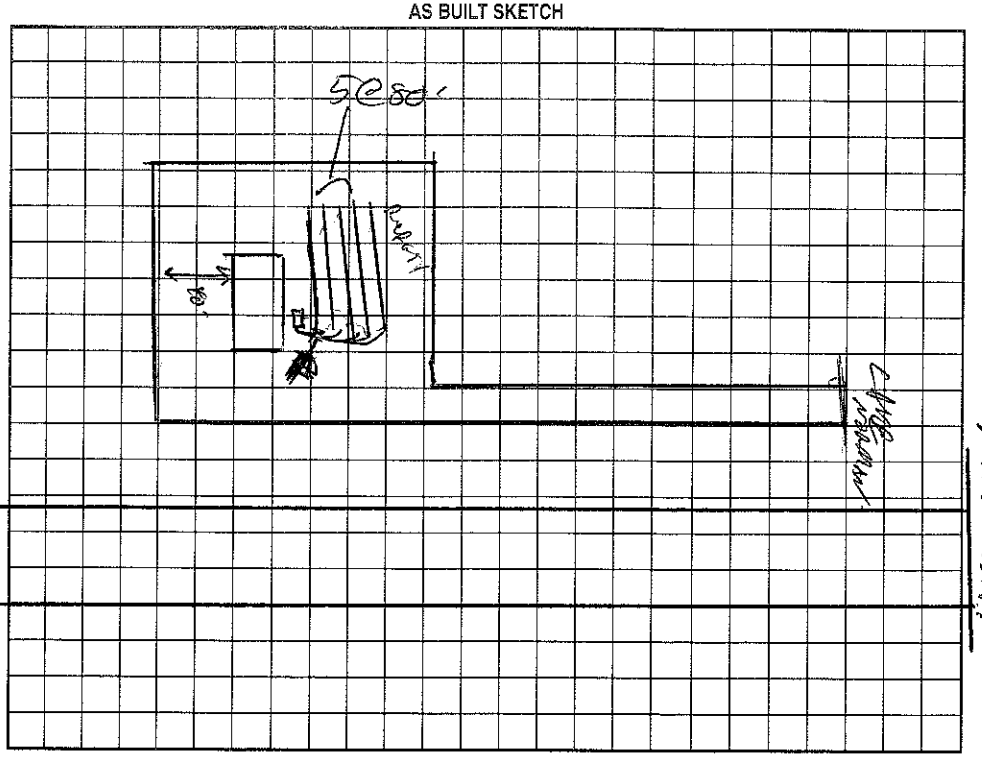
Comments:/Conditions:

Comments:/Conditions:

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: Irene Mann date 3/3/99 Installed by: LARRY BEAM

Improvement Permit by: C. [signature] RS date 3/3/99 Operation Permit by: C. [signature] RS date 8/4/99

Authorization to Construct by: C. [signature] RS date 3/3/99 Existing System Inspection by: _____ date _____

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