IREDELL COUNTY HEALTH DEPARTMENT

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

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

1750 Paid 1:30

PERMIT# 104383 PIN# 4635-79-2171 DATE 1/30/02

OWNER OR CONTRACTOR Bobby Sprouse PHONE: Business Home 704-279-4201

ADDRESS 925 Oliver Rd. Rockwell NC 28138

LOCATION Brawley Sch, TL Stutt, TL 2nd Commodore TR Surfside on Rt

SUBDIVISION Commodore Pen BLOCK / SECTION LOT 88 LOT AREA 0.35 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 825 Date 4/22/02

Pump Tank: 1000 Gallons; PT 302 Date 4/18/02

Pump Make: Gould Model WE0311M Serial No.

Nitrification Field: No Fields 1 Square Feet 660 Linear Feet 200

No Lines 5@40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM Panel Block

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

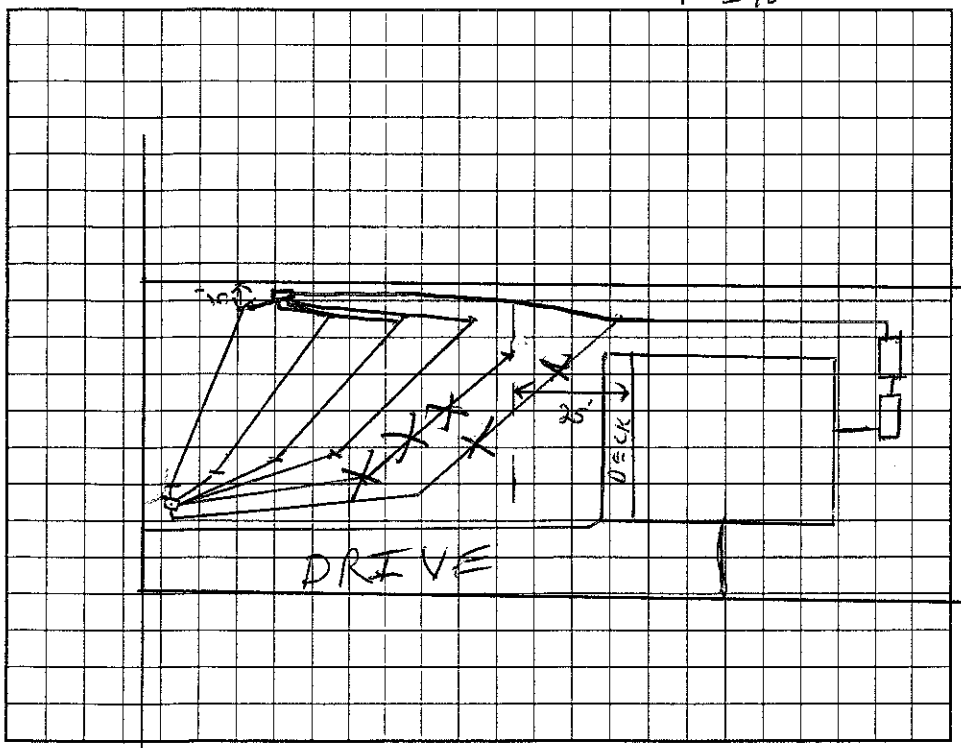
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

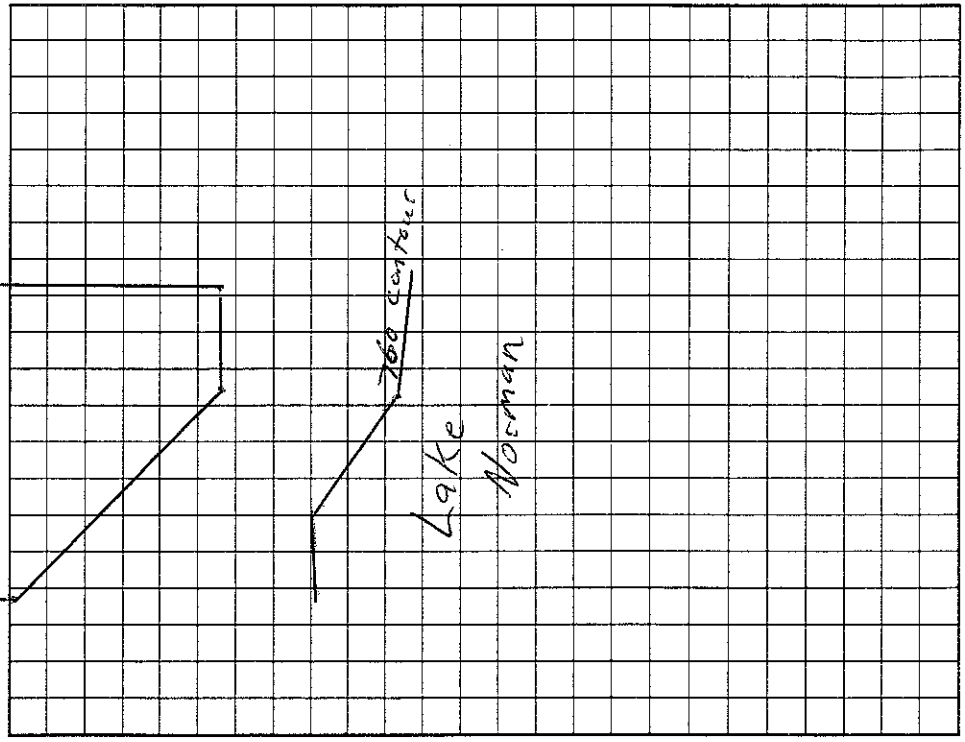
Comments:/Conditions: Install Drain field on Contour

Comments:/Conditions: Installed 4 lines at 50 + feet per line.

INITIAL SITE SKETCH 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: Bobby McSprouse date

Improvement Permit by: RS date 1/30/02

Authorization to Construct by: RS date 1/30/02

Installed by: Todd Upright Grading

Operation Permit by: Wesley Sparks R.S. date 9/24/02

Existing System Inspection by: date

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