IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25320 PIN# 2-23-B-35 4636 00 4548

OWNER OR CONTRACTOR Judy RASH

ADDRESS 107 IVY RIDGE CT. MOORESVILLE NC 28115 PHONE: Business Home 664-8966

DATE 6/15/99

LOCATION BRAWLEY SCHOOL - TL ISLE OF PINES - TR COVE CREEK - TL WYNSWEPT - TL WYNWOOD - TL NORTH SHORE

SUBDIVISION NORTH SHORE BLOCK / SECTION II LOT 35 LOT AREA - SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 3 gpd/ft2 ONSI

Septic Tank: 1000 Gallons; STB 97 Date 1/31/00

Pump Tank: 1000 Gallons; PT 71 Date 1/13/00

Pump Make: MYERS Model 3E-11 Serial No. 26229 0000

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6 @ 70' 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: PUMP 25% REDUCTION

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

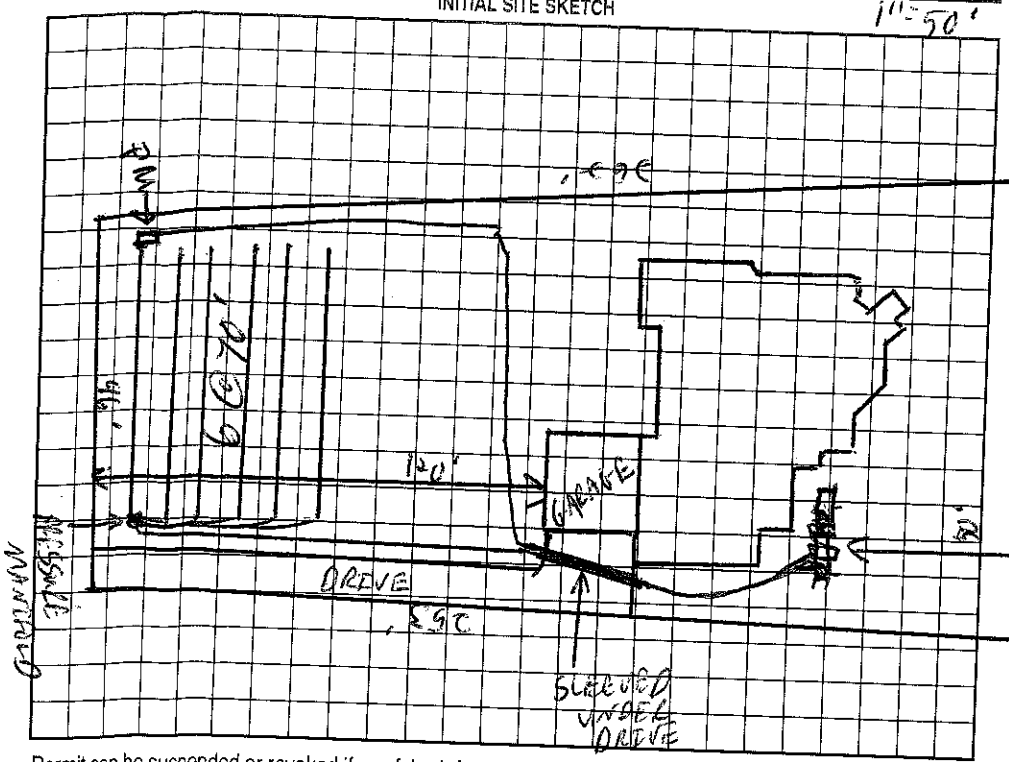
No. Bedrooms 4 No. Bathrooms 4 No. Employees

Water Supply: ☐ Individual ☐ Public ☑ Community

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

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



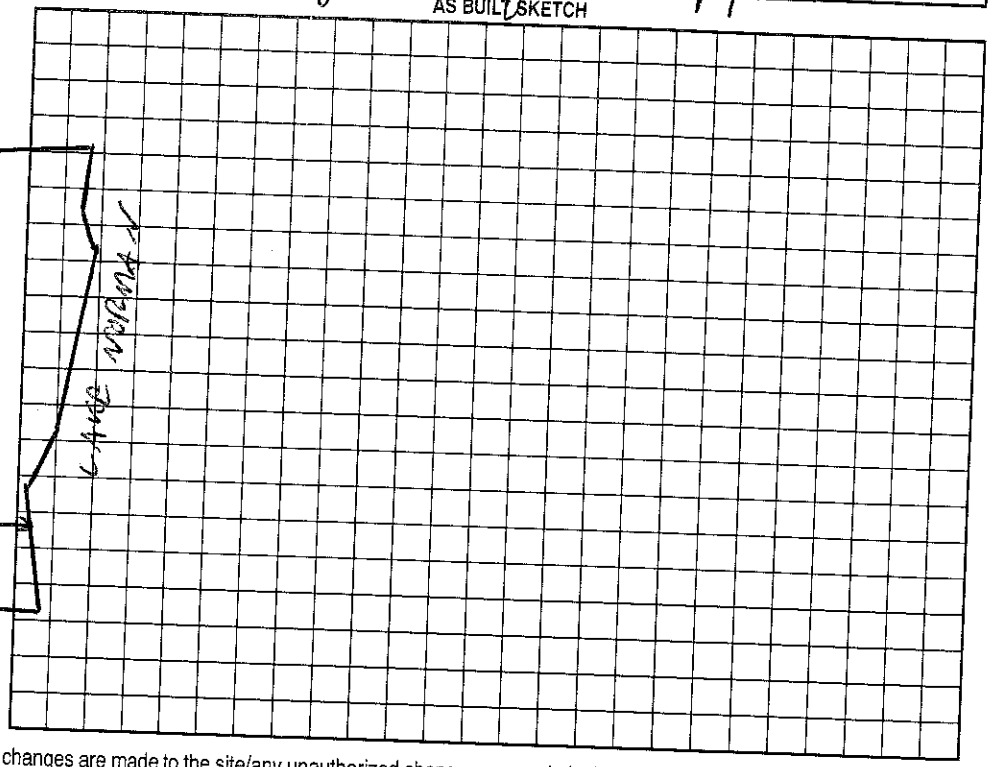
Comments:/Conditions:

EZ LAY INSTALLED

5" Teflon Float Tee

5/8/00 Landscaping across drainfield with equipment

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: Judy Rash date

Improvement Permit by: C. Ty Jr RS date 6/15/99

Authorization to Construct by: C. Ty Jr RS date 6/15/99

Installed by: WT Norwood

Operation Permit by: Wesley Sparks RS. date 5/8/00

Existing System Inspection by: date

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