IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25413 DATE 10/14/96 TAX MAP NO. 2F A 16 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Dina Hanson PHONE: Business _____ Home 664-6282

ADDRESS 1348 Brawley Sch Rd. Mooresville, NC.

LOCATION Brawley Sch Rd. TR Pine Meadows 2ND (L)

SUBDIVISION DK Hanson BLOCK / SECTION _____ LOT 2 LOT AREA .49 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 10/7/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 240

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet ~~320~~

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: ~~GP PLASTIC~~ ~~CONV PLASTIC~~

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

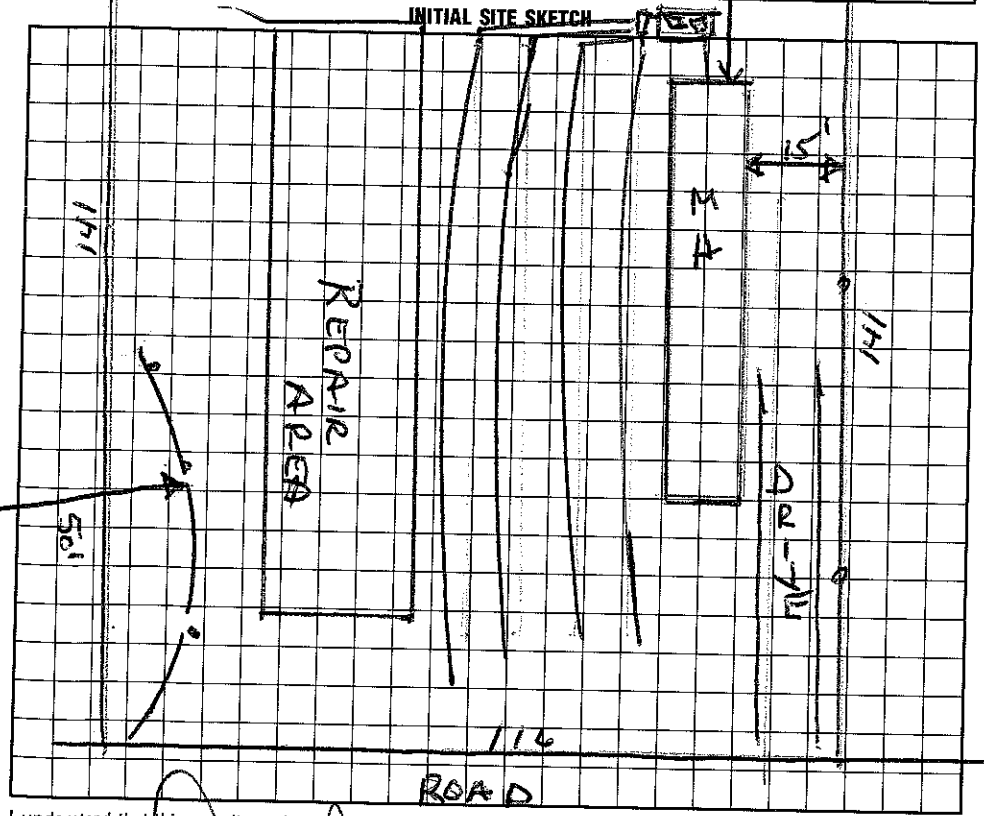
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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.

Signed: ~~X~~

Improvement Permit by: Wesley Sparks R.S. date 10/14/96

Existing System Inspection by: Wesley Sparks R.S. date 10/14/96

Installed by: Barry Thompson

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 12/4/96

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