11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110005 PIN# ~~4636-25-5302~~ 4636-15-8300 DATE May 22,03

OWNER OR CONTRACTOR Ron Smith / MIKE GABRAN PHONE: Business _____ Home _____

ADDRESS 792 McKendree Rd. Mooresville N.C. 28117

LOCATION Brawley Sch Rd. TL Isle of Pines w. 1mile on Left

SUBDIVISION Wispering OAKS BLOCK / SECTION _____ LOT 2 LOT AREA .75Ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-1-07
Pump Tank: 1000 Gallons; PT 302 Date 2-2-07
Pump Make: Zoeller Model N152B Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 4 Trench Width 24" min 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ☐ V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

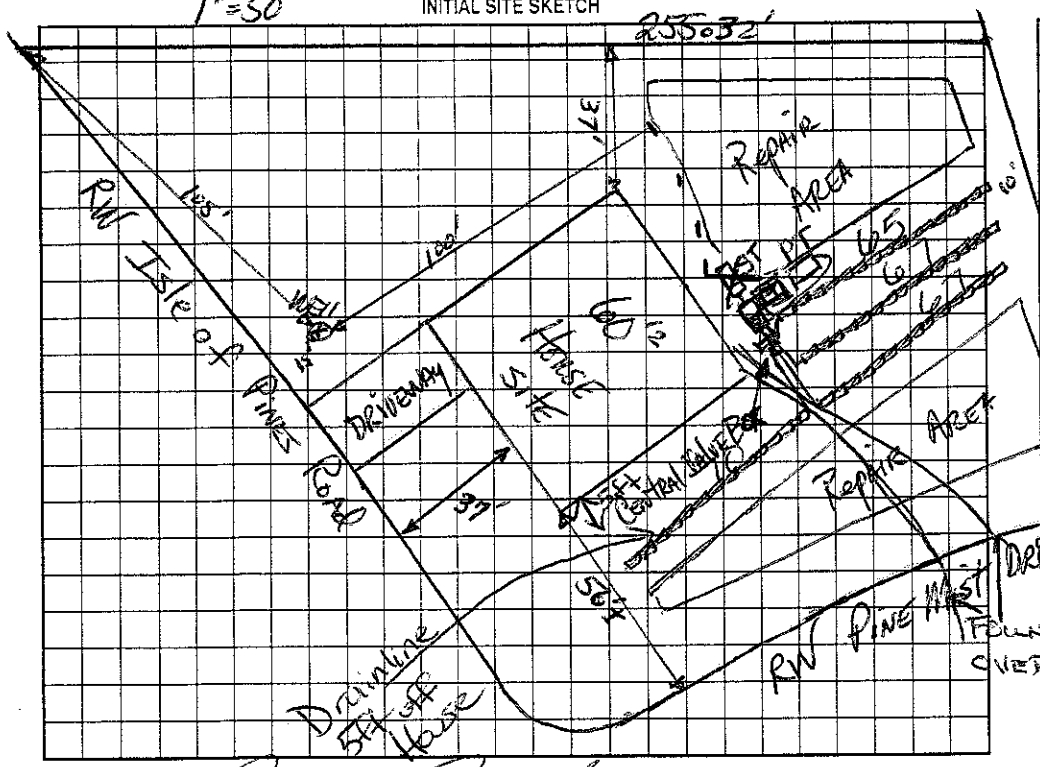
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: OR 36" max 9'oc
IN Line filter Required in pump tank.
Remove any old burns in septic system AREA.

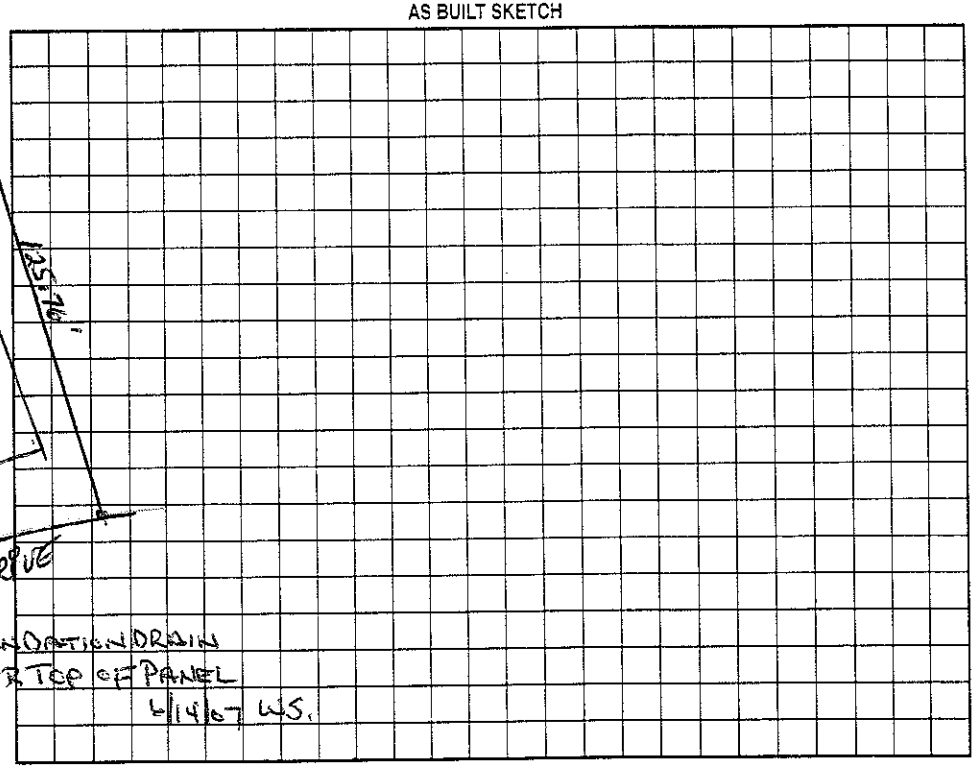
Comments/Conditions: 4/18/07 Installed Drainfield as Shown
4/19/07 Checked ST 9/20/07 PT & Pres. check

1"=50'

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: _____ date 6-5-03 Installed by: Rowan Septic

Improvement Permit by: _____ date 5-22-03 Operation Permit by: _____ date USE 6-19-2007

Authorization to Construct by: _____ date 11/14/06 Existing System Inspection by: _____ date _____

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