3130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110010 PIN# 4636-25-5307.5 4636-25-1662 DATE May 23, 03

OWNER OR CONTRACTOR Ron Smith / JAVIER CHAVEZ PHONE: Business _____ Home _____

ADDRESS 192 McKendree Rd., Mooresville, N.C.

LOCATION Brawley Sch Rd TL Isle of Pines TL Pine Mist Dr. on left

SUBDIVISION Whispering OAKS BLOCK / SECTION _____ LOT 5 LOT AREA .78 AC SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .025-.03

Septic Tank: 1000 Gallons; STB 825 Date 3/29/05
Pump Tank: 1000 Gallons; PT 302 Date 4/10/05
Pump Make: Zoeller Model N157 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600/900 Linear Feet 300
No Lines 4 Trench Width 24"min 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
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

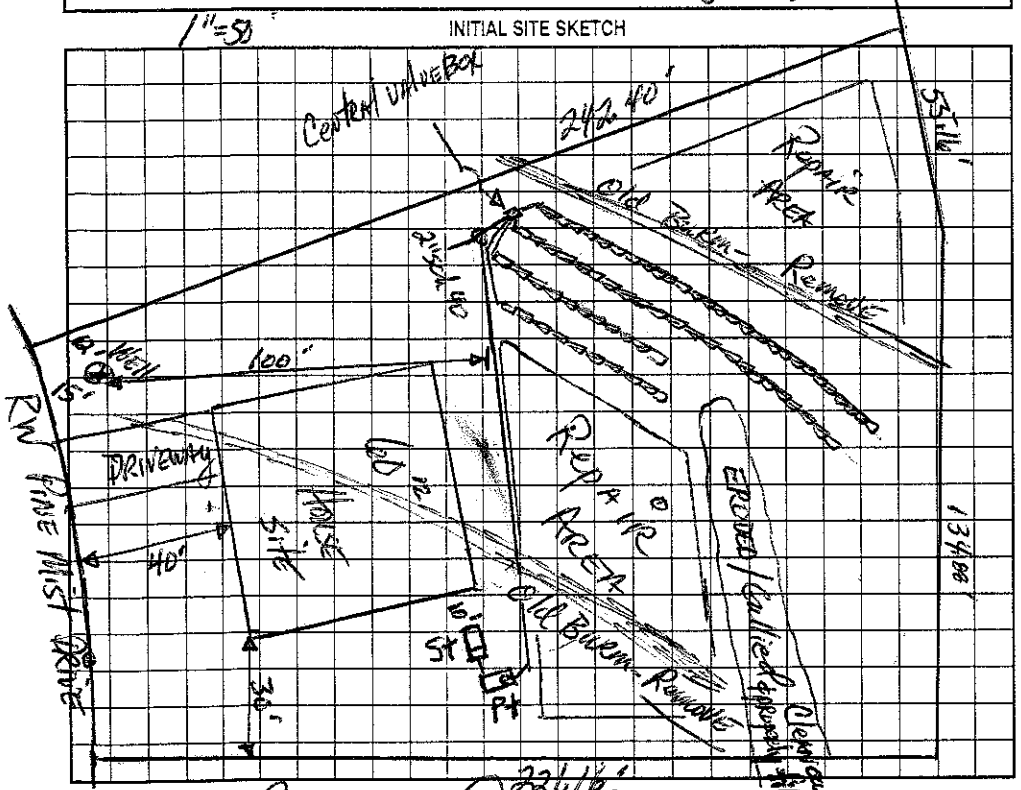
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: OR 36" MAX 9'oc
IN LINE filter Required in pump tank.
Remove old burners; Clean out & properly fill gulfied area.

Comments:/Conditions:
66 Panels 3/16" holes

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

Installed As Drawn

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 5-23-03 Operation Permit by: _____ RS date 1/4/06

Authorization to Construct by: _____ RS date 12/3/04 Existing System Inspection by: _____ date _____

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