# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 3B

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

PERMIT# 067715 PIN# 4636365364 4636 362901 DATE 1/8/98

OWNER OR CONTRACTOR Jeffrey Brian Smith PHONE: Business 662-3978 Home 663-3186

ADDRESS 2316 Saddle Creek Hwy Mooresville, NC. 28115

LOCATION Brawley Sch TL Stutts Rd. TR ~~[illegible]~~ Lm. at end of street next to Lugnut Ln.

SUBDIVISION Brawley Bus Park BLOCK / SECTION ______ LOT 9 FAST LOT AREA .96 AC SITE CLASS. PS DESIGN FLOW 175 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 1/3/97
Pump Tank: 1000 Gallons; PT 47 Date 1/3/97
Pump Make: ZOELLER Model N-137 Serial No. ______
Nitrification Field: No Fields 1 Square Feet 480* Linear Feet 160*
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pres Man — 16" PPBS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ______
☐ Mobile Home No. Bathrooms ______
☒ Business No. Employees 7
☐ Other ______

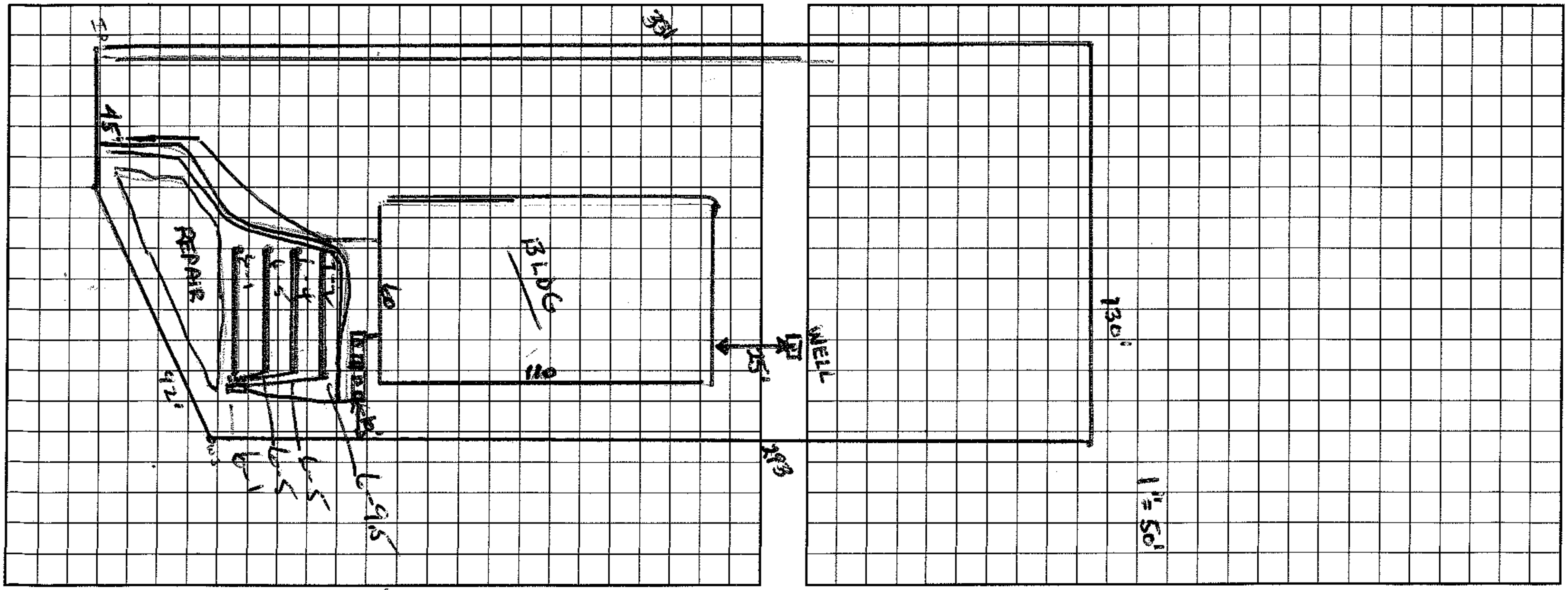
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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**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. 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: * Jim Farthing date ______ Installed by: Jim Farthing Excavating

Improvement Permit by: Wesley Sparks R.S. date 1/8/98 Operation Permit by: Wesley Sparks R.S. date 11/12/98

Authorization to Construct by: Wesley Sparks R.S. date 1/8/98 Existing System Inspection by: ______ date ______

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