# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102829 PIN# 4636 44 0623 DATE 12/31/01

OWNER OR CONTRACTOR William Sheen / Russell Williams PHONE: Business _____ Home _____

ADDRESS 417 E STATESVILLE DR MOORESVILLE

LOCATION BRAWLEY SCHOOL - TL STUTTS - TR FAIRWAY - ON RT

SUBDIVISION FAIRWAY EST. BLOCK / SECTION _____ LOT 230 LOT AREA .6 SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36 CO/Fra

Septic Tank: 1000 Gallons; STB 312 Date 9-10-05
Pump Tank: 1000 Gallons; PT 283 Date 9-18-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4 @ 50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP PANEL
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

~~☐ House/Mod. Home~~ No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

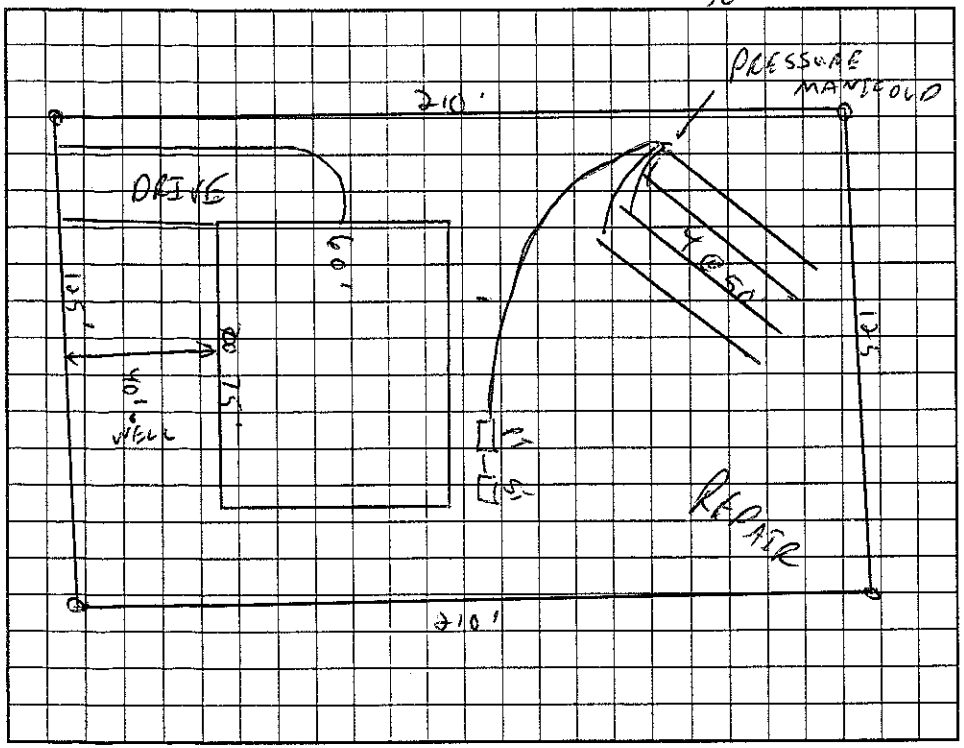
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
~~☐ Individual~~
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:
Septic Tank w/ risers & marker
Red Poly lok filter

INITIAL SITE SKETCH 1" = 50'




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.

William M. Sheen date _____
Permit by: C. Stutts RS date 12/31/01
Inspect by: Wesley Sparks RS. date 7/7/05

Installed by: Dave Clark Construction
Operation Permit by: Judy Melvill date 2-8-06
Existing System Inspection by: _____ date _____

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