IREDELL COUNTY HEALTH DEPARTMENT

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

0750.00 Paid 10-11

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

PERMIT# 075378 PIN# ~~4636307807PT~~ 4636523601 DATE 12/7/2000

OWNER OR CONTRACTOR Mark Howard PHONE: Business _____ Home 791-1646

ADDRESS 125 Lynnette Mt Ulla, NC 28125

LOCATION Brawley School Rd TL Stutts TR into Stutts Cove

SUBDIVISION Stutts Cove BLOCK / SECTION _____ LOT 12 LOT AREA .71 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 10-30-00 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Gravity - Conventional

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: ~~Gravity - Conventional~~

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400' Maintenance Agreement Required: ☐ Yes ☒ No Panel 61

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

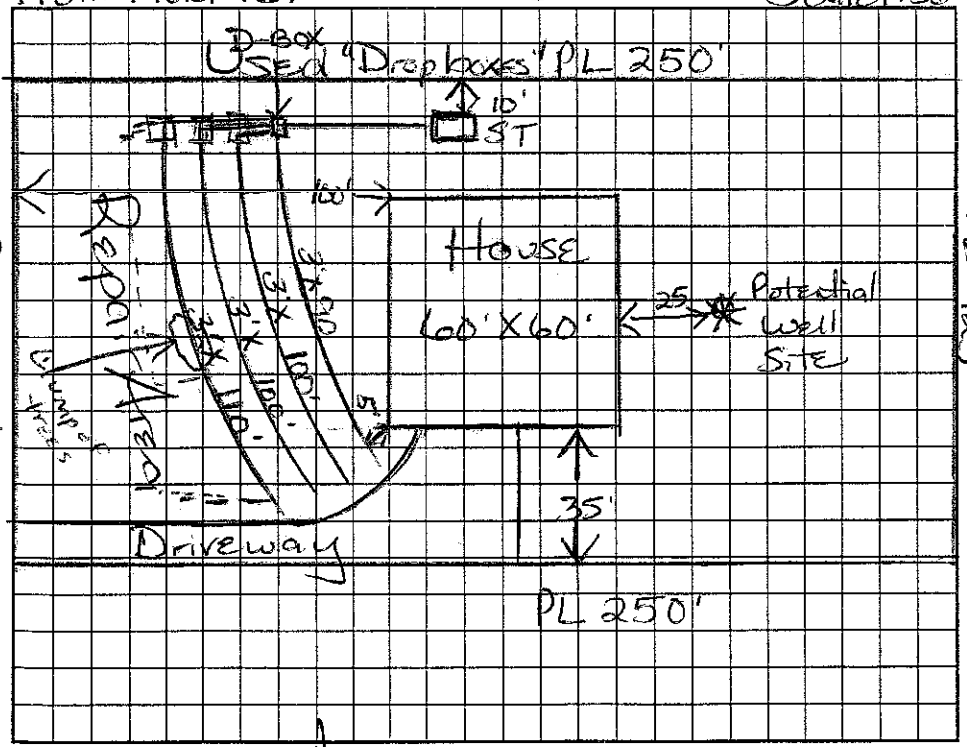
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

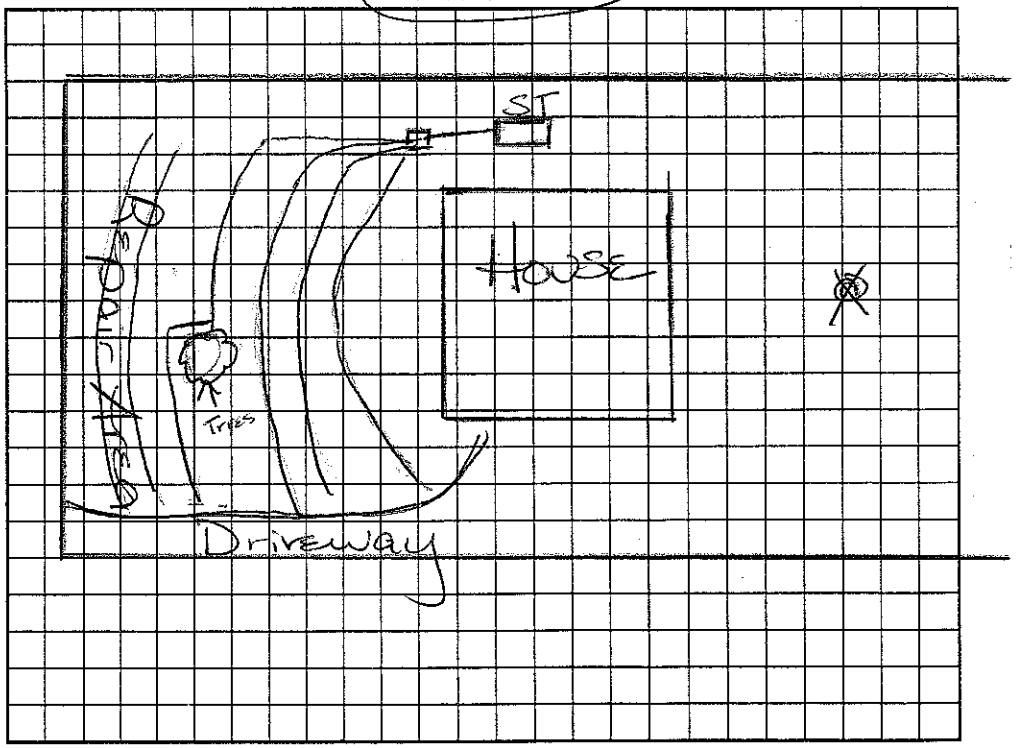
Comments:/Conditions: Keep Septic System at least 10' From PL & 5' From House & 50' From any well. Keep well 25' From House & 40' From PL House CAN NOT be any closer than 100' From Front PL.

Comments:/Conditions: Well not installed at time of inspection.

INITIAL SITE SKETCH Scale 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.

Signed: _____ date 12-07-00 Installed by: Randy Miller

Improvement Permit by: Maria H Dotson RS date 12/7/2000 Operation Permit by: Maria H Dotson RS date 1/3/2001

Authorization to Construct by: Maria H Dotson RS date 12/7/2000 Existing System Inspection by: _____ date _____

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