400

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078703 PIN# ~~4636-56-6825~~ DATE 3/8/99

OWNER OR CONTRACTOR Ray Short PHONE: Business 309-7711 Home 4636-56-6825

ADDRESS 470 Hutts Rd. Mooresville, NC. 28117

LOCATION Brawley School, TL on Cool Breeze Lane TR Overlook Ct, 1st drive on (L), corner lot.

SUBDIVISION POND LANE BLOCK / SECTION ____ LOT 6 LOT AREA .64AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11-11-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900± Linear Feet 300± POND AREA
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

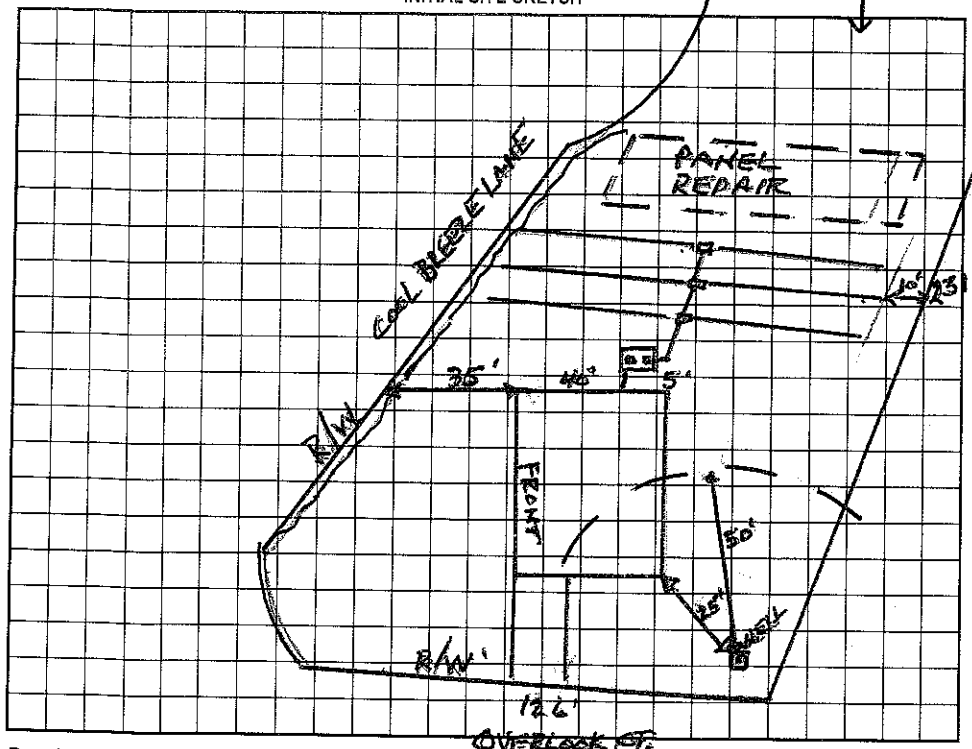
X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY-C.I. PLASTIC
Repair System Description: 16" PPBS
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth SAND. ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: *25% Reduction calculated

INITIAL SITE SKETCH



Comments/Conditions:

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: X Ray Short date ____

Improvement Permit by: Wesley Sparks RS. date 3/8/99

Authorization to Construct by: Wesley Sparks RS. date 3/8/99

Installed by: Wayne Clontz

Operation Permit by: Mark H. Tolson R.S. date 1/14/2000

Existing System Inspection by: ____ date ____

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