IREDELL COUNTY HEALTH DEPARTMENT

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

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

1130

PERMIT# 078698 PIN# ~~4636 54 7376~~ DATE 3/2/99

OWNER OR CONTRACTOR Ray Short PHONE: Business 309-7711 Home 4636-57-7379

ADDRESS 470 Stutts Rd. Mooresville, NC. 28117

LOCATION Brawley Sch Rd. TL CoolBreeze Lane, 1st lot on (L)

SUBDIVISION Pond Lane BLOCK / SECTION ____ LOT 1 LOT AREA .68 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-27-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 630* Linear Feet 210*
No Lines 3@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 50% Reduct - 16" PPBS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

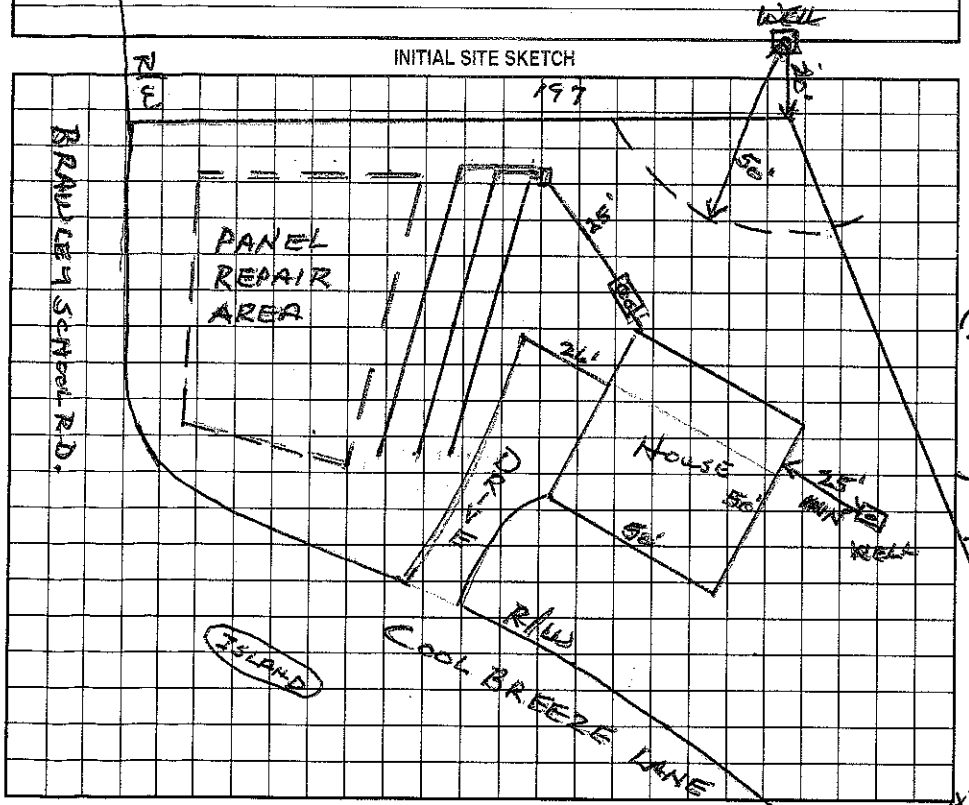
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: Riser & Filter installed

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown

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: * Ray Short date ____ Installed by: E.J. Ervin

Improvement Permit by: Wesley Sparks RS. date 3/2/99 Operation Permit by: Maria H. Watson RS date 3/12/99

Authorization to Construct by: Wesley Sparks RS. date 3/2/99 Existing System Inspection by: ____ date ____

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