IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-873-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 102 5 15 PIN# 4636-63-3431 DATE 10/8/01

OWNER OR CONTRACTOR Andrew Hancock PHONE: Business 704-361-4983 Home 704-658-0853

ADDRESS 250 Wood Duck Lp. Mooresville NC 28117

LOCATION Brawley sch, TL Stutts, TL Bridal Path at end on Rt 136 Bridle Path Ln.

SUBDIVISION BRIDAL PATH BLOCK / SECTION ____ LOT 2 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 7@57' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Press. Manf. 25% Reduc.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3.5 No. Employees ____

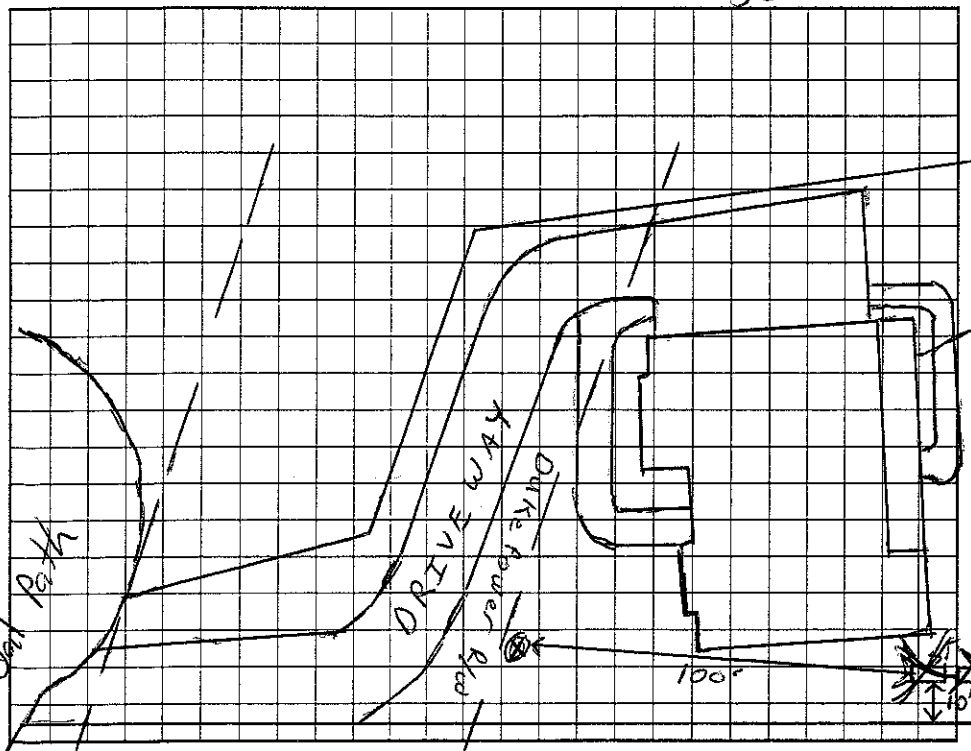
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

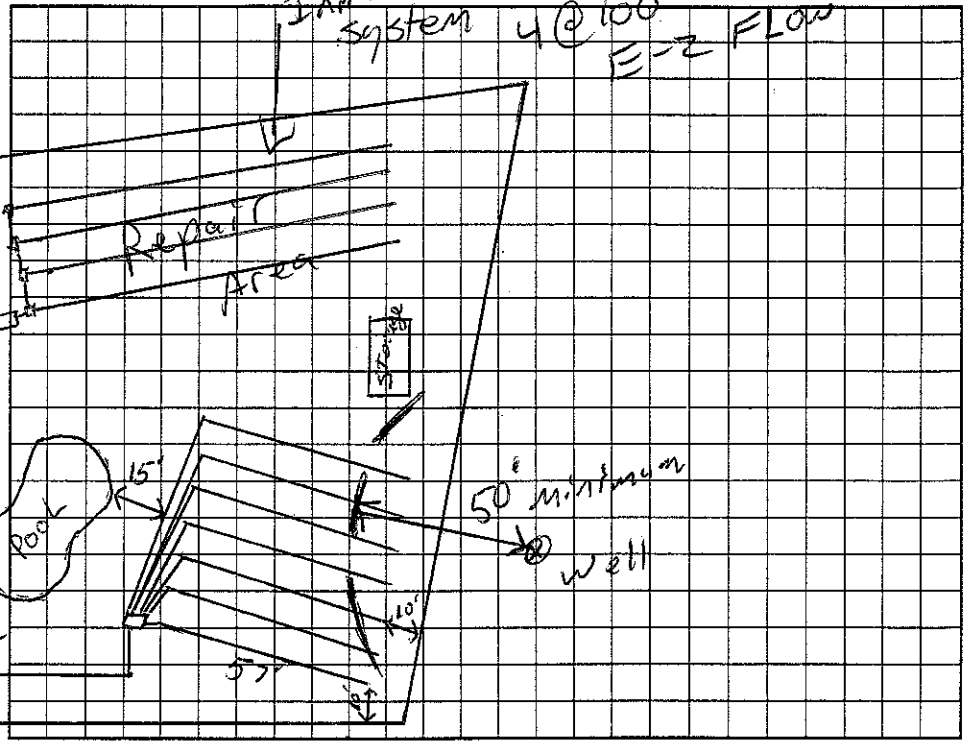
Comments:/Conditions: Keep Well 100' from Septic System

Comments:/Conditions: Initial area and Repair Area have been switched - Drive was switched to opposite side

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.

Signed: David Page date 10-17-01 Installed by: Upright Grading

Improvement Permit by: RSE date 10/8/01 Operation Permit by: RS date 4/25/02

Authorization to Construct by: RSE date 10/8/01 Existing System Inspection by: ____ date ____

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