IREDELL COUNTY HEALTH DEPARTMENT

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

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

1150.00

PERMIT# 086726 PIN# 4636666 3038 DATE 1/5/2000

OWNER OR CONTRACTOR James Chadwick PHONE: Business 660-0021 ~~Home~~ Pager 954-6274

ADDRESS 762 Brawley School Rd Mooresville, NC 28117

LOCATION Brawley School Rd TL Mallard Way (Golf Course Entrance), past Clubhouse ~1/8 Mile on right

SUBDIVISION Mallard ~~Head~~ BLOCK / SECTION ___ LOT 160 LOT AREA .59 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5-11-00

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines ~~5 Cut 75'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction *

Repair System Description: Grav/Pump - Innovative

Maintenance Agreement Required: / ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ___

☐ Other ___

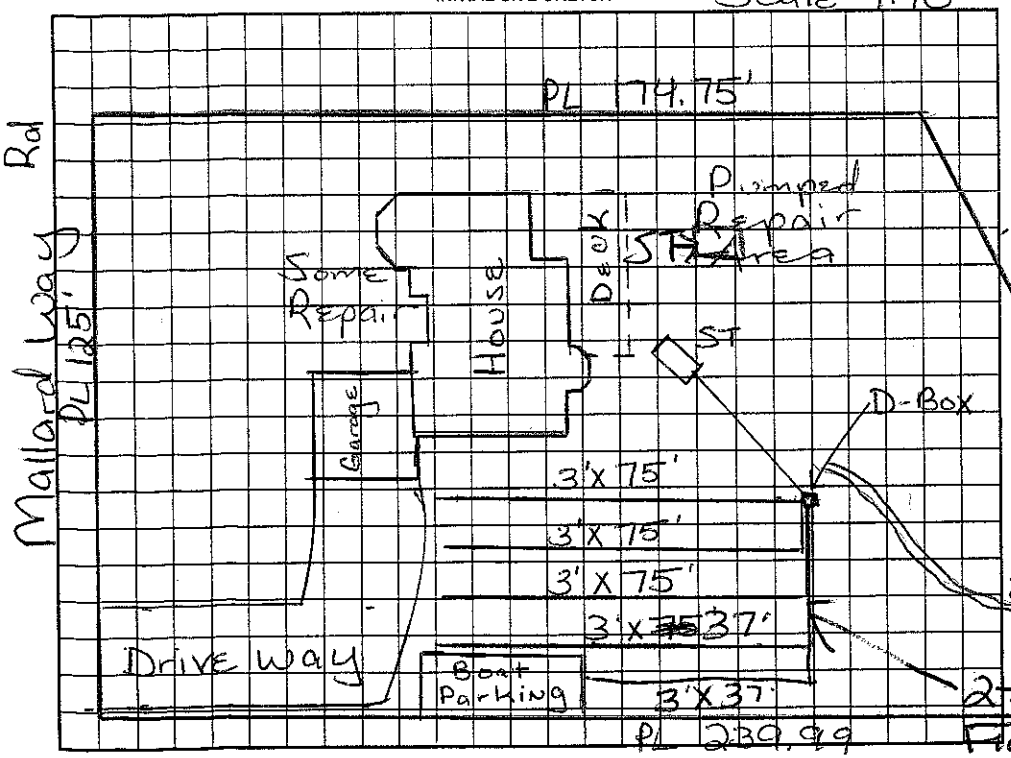
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 5' From House. Stay 15' From any Cut greater than 2' (vertical height).

Comments:/Conditions: * 25% Reduction in Drainfield area Divert Storm/Surface Water away from Septic area (S) ☒ Okay to use Drop Boxes mo 6/6/00

INITIAL SITE SKETCH Scale 1:40



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: James Chadwick date 1/5/2000 Installed by: Delbert Bost

Improvement Permit by: Maina M. Dotson R.S. date 1/5/2000 Operation Permit by: Maina M. Dotson R.S. date 7/11/00

Authorization to Construct by: Maina M. Dotson R.S. date 1/5/2000 Existing System Inspection by: ___ date ___

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