COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

12:00

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

/ DESCRIPTION NO. 26306 DATE 11/26/97 TAX MAP NO. 4636665560 Watershed: ☑ Yes ☐ No

OR CONTRACTOR MARK RICE PHONE: Business 593-2940 Home 875-3826

ADDRESS 15807 BRETON ~~[redacted]~~ BROOK - HUNTERSVILLE NC 28078

LOCATION BRAWLEY SCHOOL RD - TL MALLARD WAY - ON LT JUST PAST CLUB HOUSE.

SUBDIVISION MALLARD HEAD BLOCK / SECTION ____ LOT 145 LOT AREA 125'x200' SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/29/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 6@67' 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 CHAMBERED OR HDS

Repair System Description: GRAVITY/PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 2½ No. Employees ____

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

Water Supply: ☐ Individual ☑ Community ☐ Public

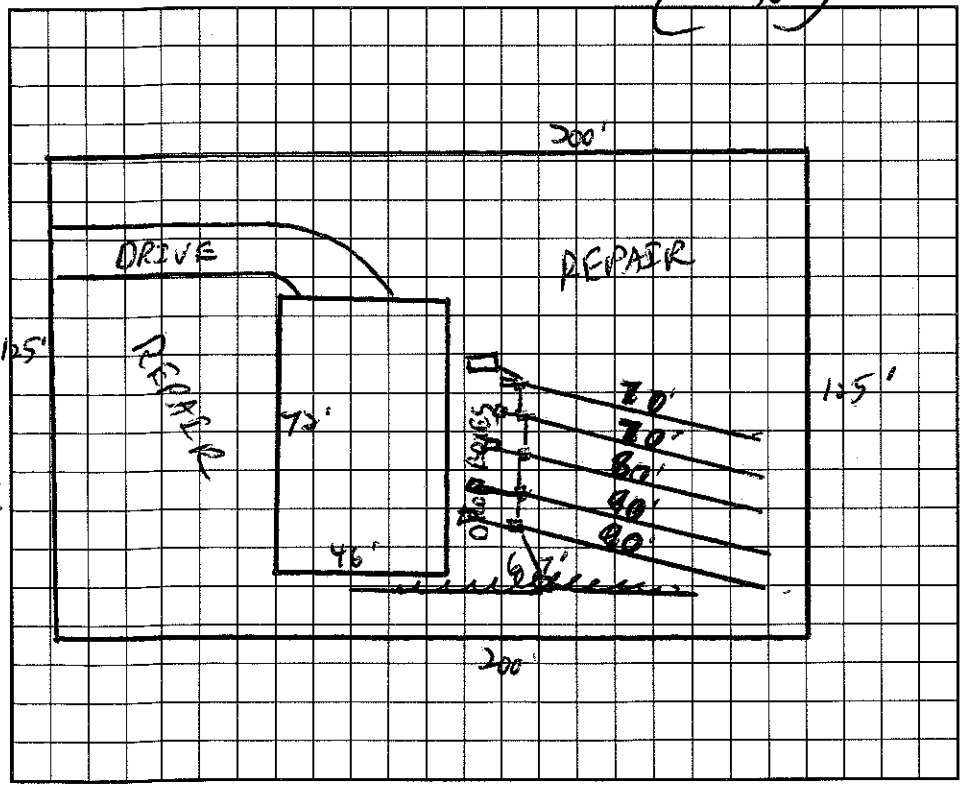
Comments: LINE LENGTHS MAY ~~[redacted]~~ BE ADJUSTED IF DROP BOXES ARE USED.

~~X~~ PLUMBING MUST BE STUBBED OUT AS HIGH AS POSSIBLE TO ACHIEVE A GRAVITY SYSTEM~~X~~.

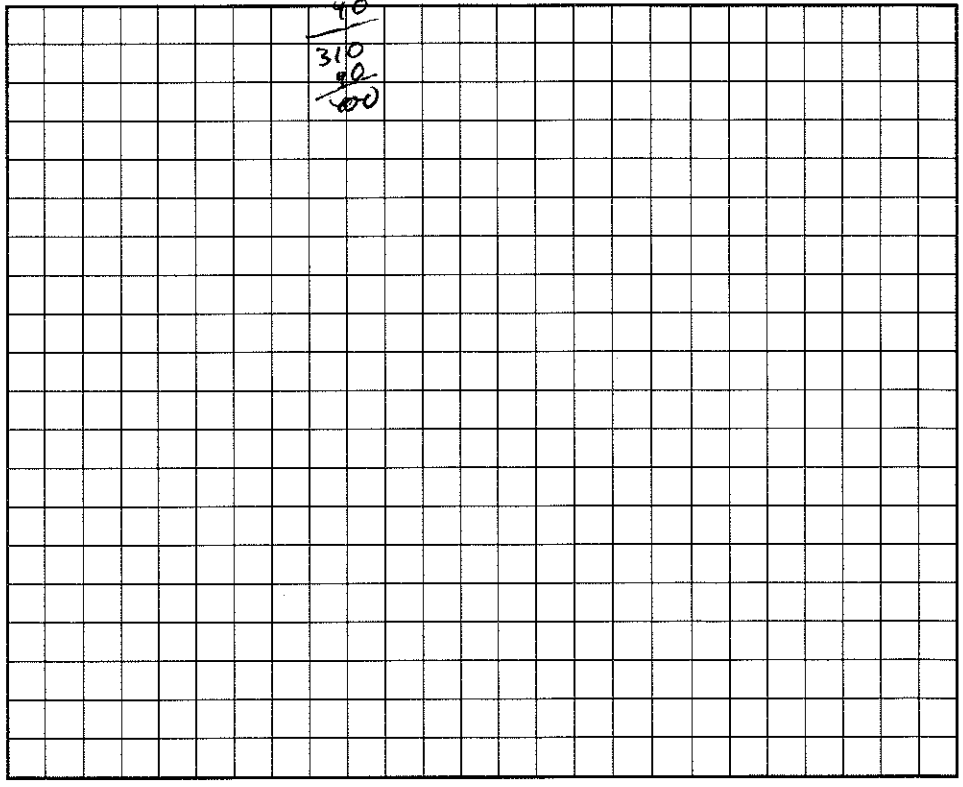
Comments: 85
89
94 140
115 90
137 220 40
310 40
400

INITIAL SITE SKETCH

(1"=50')



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: [signature]

Improvement Permit by: C. Ray Teeter date 11/26/97

AUTHORIZATION TO CONSTRUCT ~~Existing System Inspection by:~~ C. Ray Teeter date 11/26/97

Installed by: ABERNATHY

Certificate of Completion by: ____ date ____

Operation Permit by: C. Ray Teeter date 11/21/98

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