IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79547 PIN# 4636788456 DATE 3/19/99

OWNER OR CONTRACTOR MICHAEL BARRON PHONE: Business Home 896-5819

ADDRESS 12006 SAM FUR RD. HUNTERSVILLE NC 28078

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TR WEBBED FOOT - 9TH ON RT

SUBDIVISION MALLARD HEAD BLOCK / SECTION LOT 4 LOT AREA .474C SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9-3-00

Pump Tank: 1000 Gallons; PT 283 Date 9-4-00

Pump Make: MYERS Model Serial No.

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

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

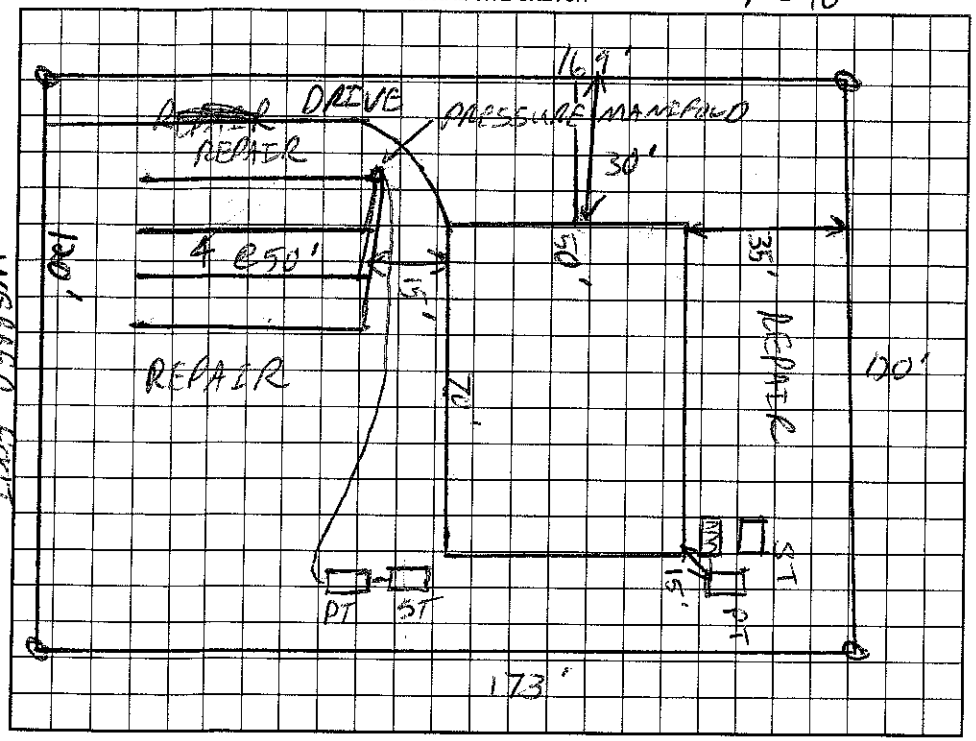
Water Supply: ☒ Individual ☐ Public ☒ Community

Comments/Conditions: KEEP SYSTEM 15' SIDE SLOPE FROM BASEMENT WALL.

Comments/Conditions: Riser installed

Upper ditch has fall towards house - therefore set manifold on street side. DCH

INITIAL SITE SKETCH 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: [signature] date 4/9/99 Installed by: Michael Barron

Improvement Permit by: [signature] RS date 3/19/99 Operation Permit by: [signature] RS date 12/1/00

Authorization to Construct by: [signature] RS date 3/19/99 Existing System Inspection by: date

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