IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# N/A 4636 [illegible] DATE 10/11/00

OWNER OR CONTRACTOR Tim McCurry PHONE: Business _____ Home 895-6149

ADDRESS 14831 E Rocky River Rd. Davidson, NC.

LOCATION Brawley School Rd. on (R) past Commonbranch # 904 Brawley Sch. Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 300 ASB

Nitrification Field: No Fields 1 Square Feet 1125 Linear Feet ~~395~~

No Lines 5 @ 75' Trench Width 3' Max Trench Bottom Depth 3'

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

System Description: Drop Box - ch. Plastic

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth SAND. ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

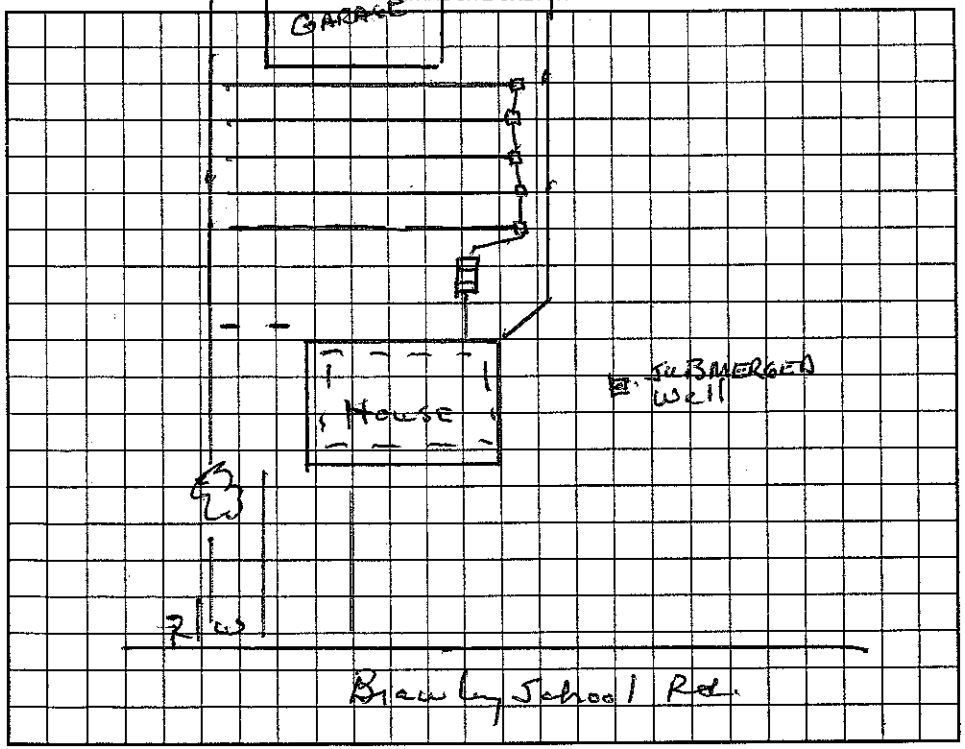
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: "T" repaired, drop boxes used

INITIAL SITE SKETCH



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: * M. Shane Wall date 10/16/00

Improvement Permit by: Wesley Sparks RS. date 10/11/00

Authorization to Construct by: Wesley Sparks RS. date 10/11/00

Installed by: Tim Commons

Operation Permit by: Wesley Sparks RS. date 11/15/00

Existing System Inspection by: _____ date _____

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