# IREDELL COUNTY HEALTH D[illegible]TMENT

STA[illegible]LE 704-878-53[illegible] ...OORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PER[illegible] IT / EXISTING SYSTEM INSPECTION

4/130

PERMIT# 109932 PIN# 4636835626

OWNER OR CONTRACTOR Haus Builders DATE 1-24-2002

ADDRESS 288 Robinson Rd. Mooresville, NC 28117 PHONE: Business 622-5573 M. Home 663-2251

LOCATION Brawley School Rd to Canvasback on ~~left~~ right 394 Canvasback

SUBDIVISION Mallard Head BLOCK / SECTION ____ LOT 104 LOT AREA ____ SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity-25% Reduction

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

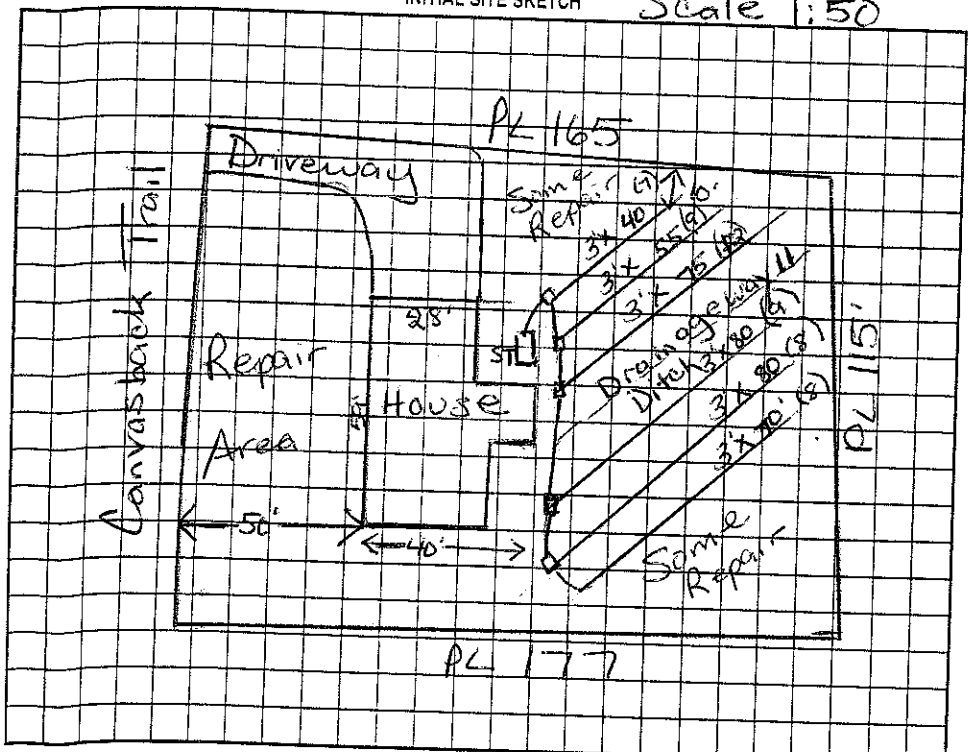
☐ Other ____

Water Supply: ☐ Individual X Public X Community

Comments:/Conditions: Keep Septic System at least 10' to PL

Comments:/Conditions: Note: Space out middle lines to avoid old drainageway/ditch. 7 lines 4 chambers total

INITIAL SITE SKETCH Scale 1:50




AS-BUILT SKETCH

Grey Filter & Tank marker installed.

Used Plastic Chambers for Drainfield installed in 7 lines

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: ____ date 2/3/03

Improvement Permit by: Maria H. Dotson date 1/27/03

Authorization to Construct by: Maria H. Dotson date 1/27/03

Installed by: Larry Beam R.S

Operation Permit by: Maria H. Dotson date 4/30/03

Existing System Inspection by: ____ date ____

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