IREDELL COUNTY HEALTH DEPARTMENT

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

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

#50

PERMIT# 108678 PIN# 4636844189 DATE 1-7-2003

OWNER OR CONTRACTOR EFC Builders / Geoffrey Bowen PHONE: Business (704) 239-2022 Home 6664-8047

ADDRESS 101 Castles Gate / Mooresville, NC 28117

LOCATION Brawley School Rd R Canvasback on right #3660

SUBDIVISION Mallard Head BLOCK / SECTION ____ LOT 100 LOT AREA .47 Acres SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date ____
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 ~24" Gravel Depth N/A

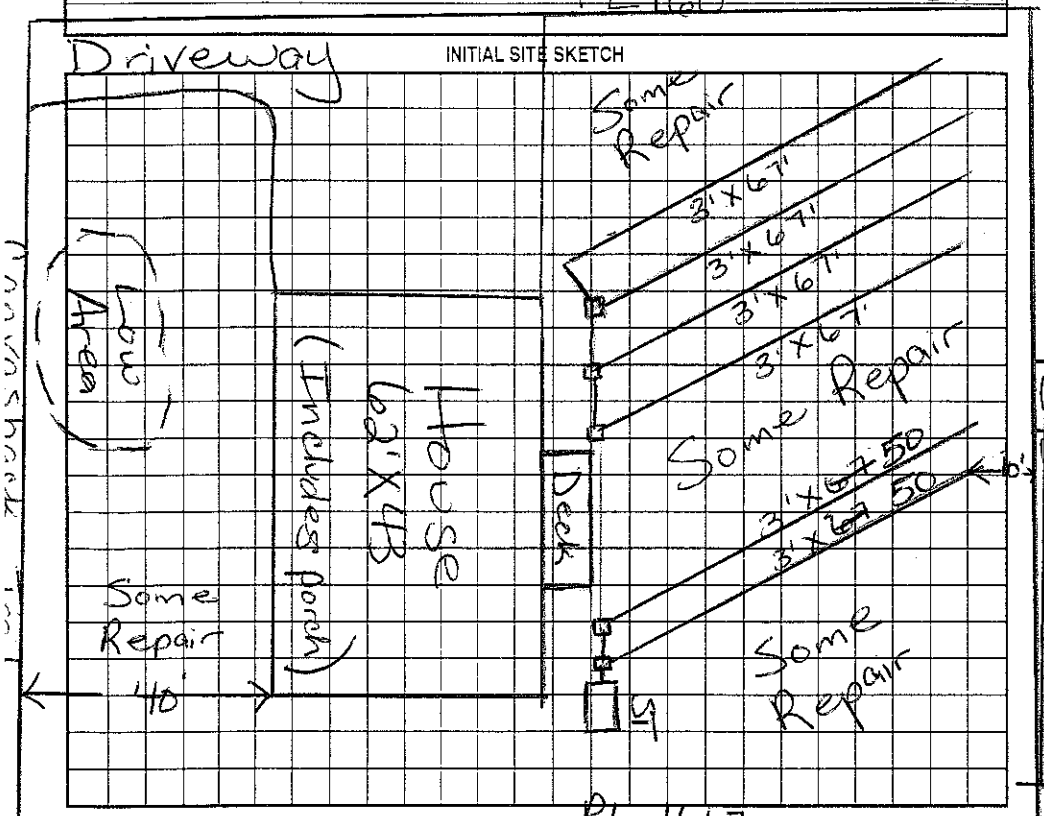
☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

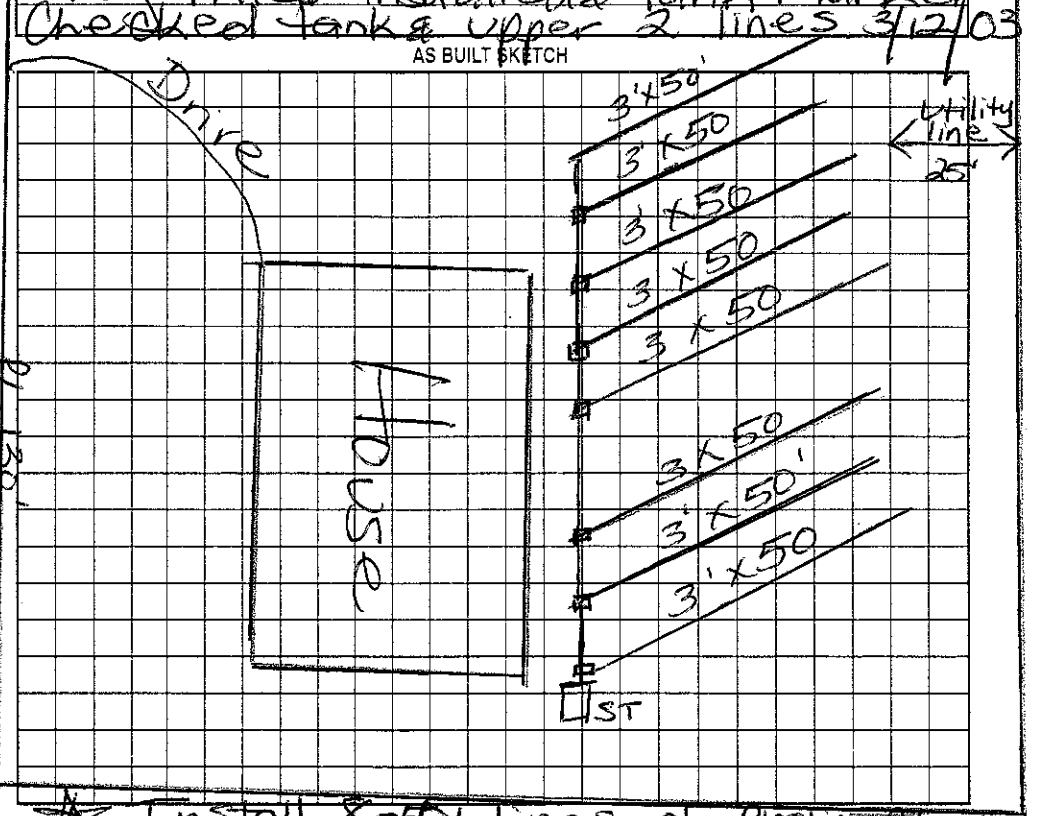
Comments/Conditions: Keep Septic System at least 10' From PL. Use "drop boxes" for distribution. PL 160' Scale 1:30

INITIAL SITE SKETCH



Comments/Conditions: ★ Plumbing must be stubbed out high to maintain gravity flow. ~~Grey filter installed~~ tank marked. Checked tank & upper 2 lines 3/12/03

AS BUILT SKETCH



★ Install 8-50' lines of Plastic Chambers

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: D M Bowen date ____

Improvement Permit by: Maria H. H. Dotson RS date 1/8/03

Authorization to Construct by: Maria H. H. Dotson RS date 1/8/03

Installed by: Dwight Gragin RS

Operation Permit by: Maria H. H. Dotson RS date 3/13/03

Existing System Inspection by: ____ date ____

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