IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 23121 DATE 2/27/96 TAX MAP NO. 2K 9A 70

OWNER OR CONTRACTOR Janet + Bobby Faulk ~~PHONE: Business~~ 463-86-3687 Home 663-2573 Watershed: X Yes ☐ No

ADDRESS 2091-D Bellycastle Rd. Mooresville, NC

LOCATION Billy Joe Blind - Brawley Sch TL Conover Creek TR Old Sqeaw TL Billy Joe ~ .2 mile on (L)

SUBDIVISION Mallard Head BLOCK / SECTION ____ LOT 70 LOT AREA ~.45 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/7/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet (400) *300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I. (II) III. IV. V. VI

System Description: Gravity - Conventional

Repair System Description: Chamberd Plastic

Maintenance Agreement Required: ☐ Yes X No

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

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

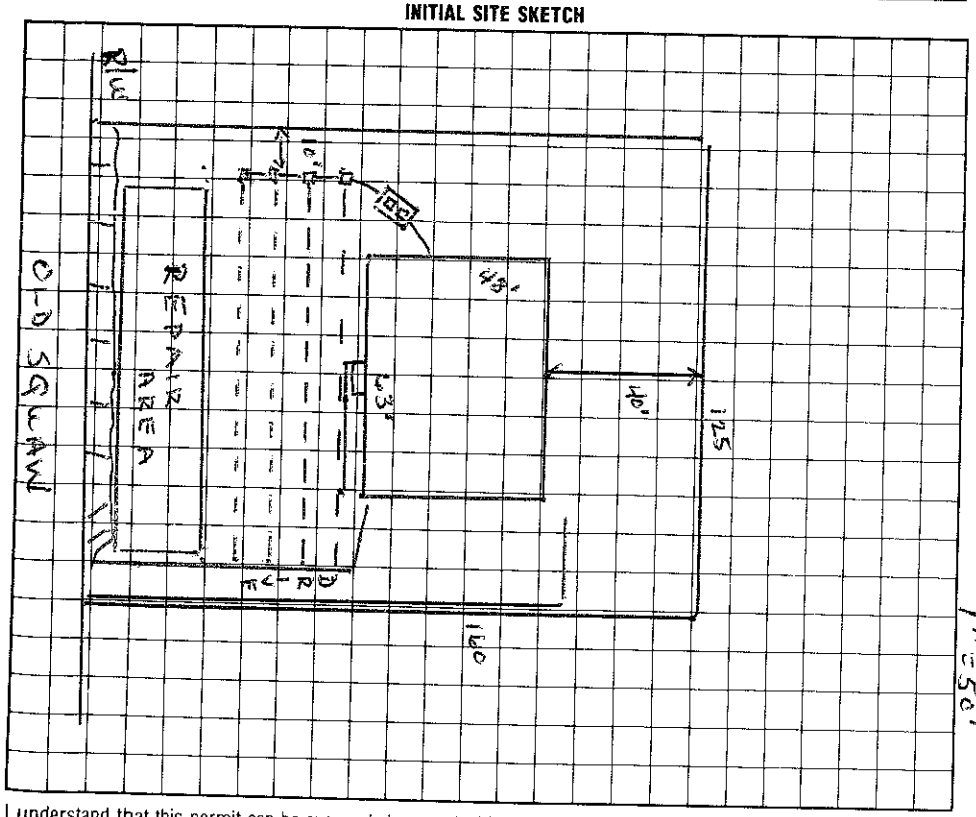
☐ Other ____

Water Supply: ☐ Individual X Community ☐ Public

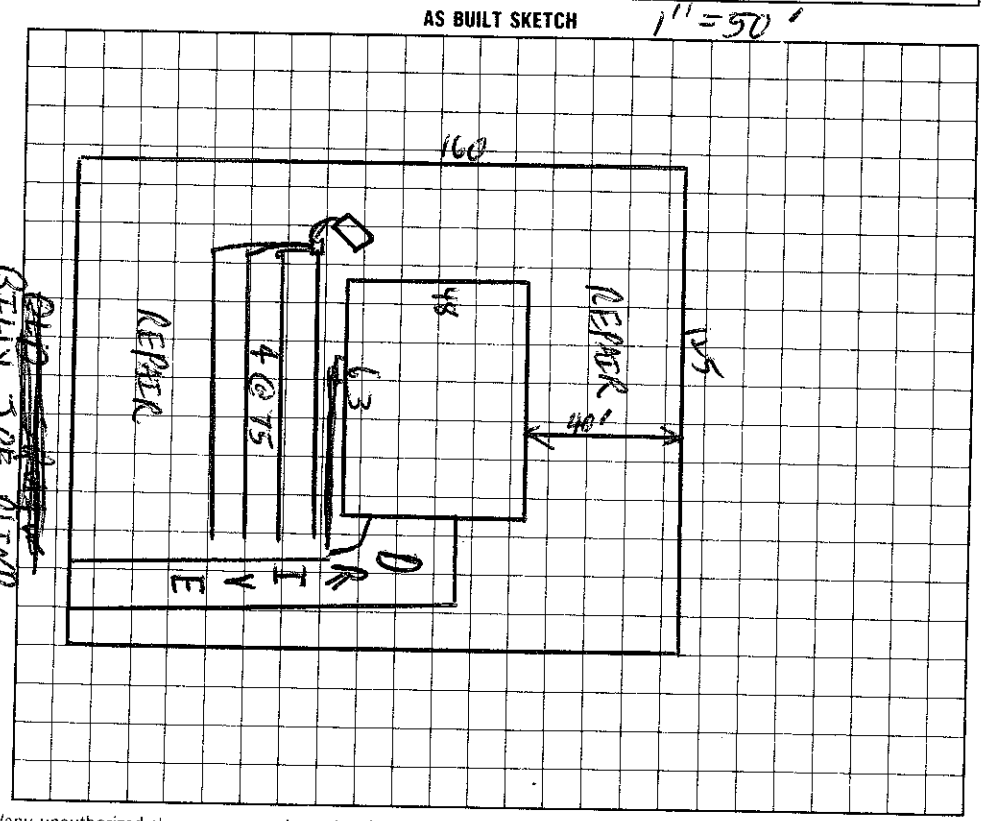
Comments: * 300 feet Chamberd Plastic may be used originally 400 feet of Conventional Drainfield -

Comments: Dan Olin Bedwright Type III - 1986

INITIAL SITE SKETCH



AS BUILT SKETCH 1" = 50'



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.

Auth. to Construct valid 5 years.

Signed: Agent

Improvement Permit by: Wesley Sparks R.S. date 2/27/96

~~Certificate of Completion by:~~ Wesley Sparks R.S. date 2/27/96

Existing System Inspection by: ____ date ____

Installed by: TIM AMMONS

Certificate of Completion by: ____ date ____

Operation Permit by: E.H.S. date 4/22/97

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