IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078537 PIN# 4636863779 DATE 3/18/99

OWNER OR CONTRACTOR John Rowland PHONE: Business _____ Home 662-8459

ADDRESS 308 E. Pressley Ave. Mooresville Nc 28115

LOCATION Billy Joe Rd. Brawley Sch, TL Canvasback, TL Squaw

SUBDIVISION Mallard Head BLOCK / SECTION _____ LOT 71 LOT AREA .45 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8/29/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@40 3@60 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Redx
Repair System Description: 25% Redx / Panel
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other _____

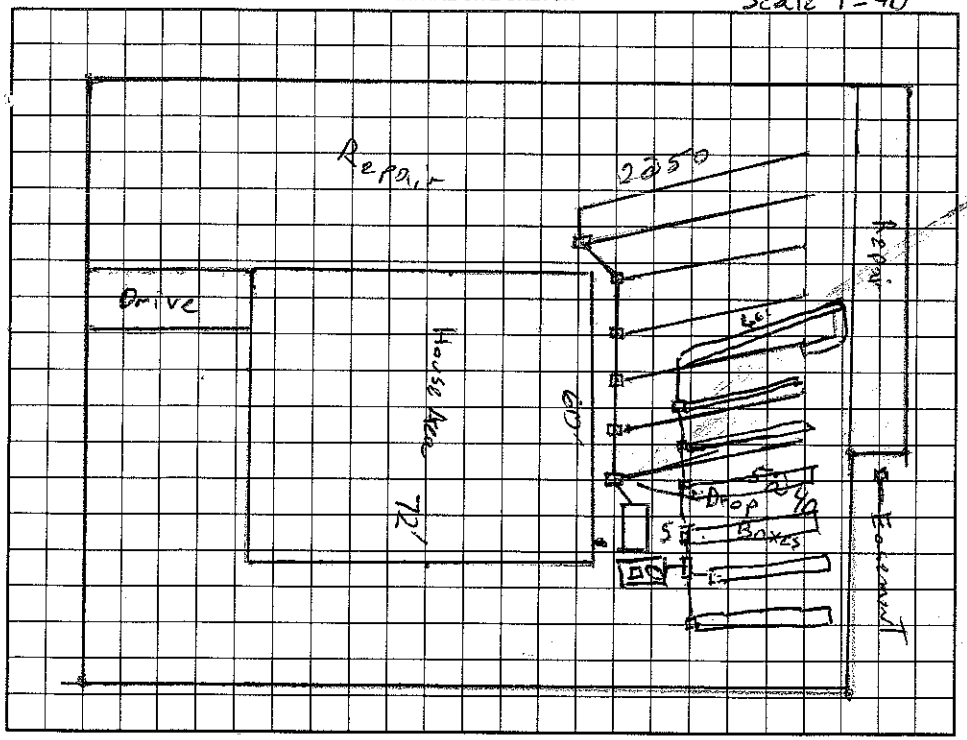
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: Install lines on contour
Keep septic 10' off PL & 5' off House
Use drop boxes

Comments/Conditions: 6@40'
1@60'
EZ LAY INSTALLED

INITIAL SITE SKETCH Scale 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: Barbara K. Rowland date 3-24-99
Improvement Permit by: Jeff Morgan date 3/19/99
Authorization to Construct by: Jeff Morgan date 3/19/99

Installed by: Bob McCraw
Operation Permit by: Wesley Sparks RS date 10/15/99
Existing System Inspection by: _____ date _____

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