IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 78285 PIN# ~~4636978427~~ 4636978427 DATE 6/17/99

OWNER OR CONTRACTOR RAY SHORT PHONE: Business _____ Home _____

ADDRESS 470 STUTTS RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL WOODDUCK - 13th ON RT

SUBDIVISION LAKESIDE FARMS BLOCK / SECTION _____ LOT 22 LOT AREA .41AC SITE CLASS. PS DESIGN FLOW 360 gal L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date 2/1/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines ~~(0)~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☐ ~~House~~/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

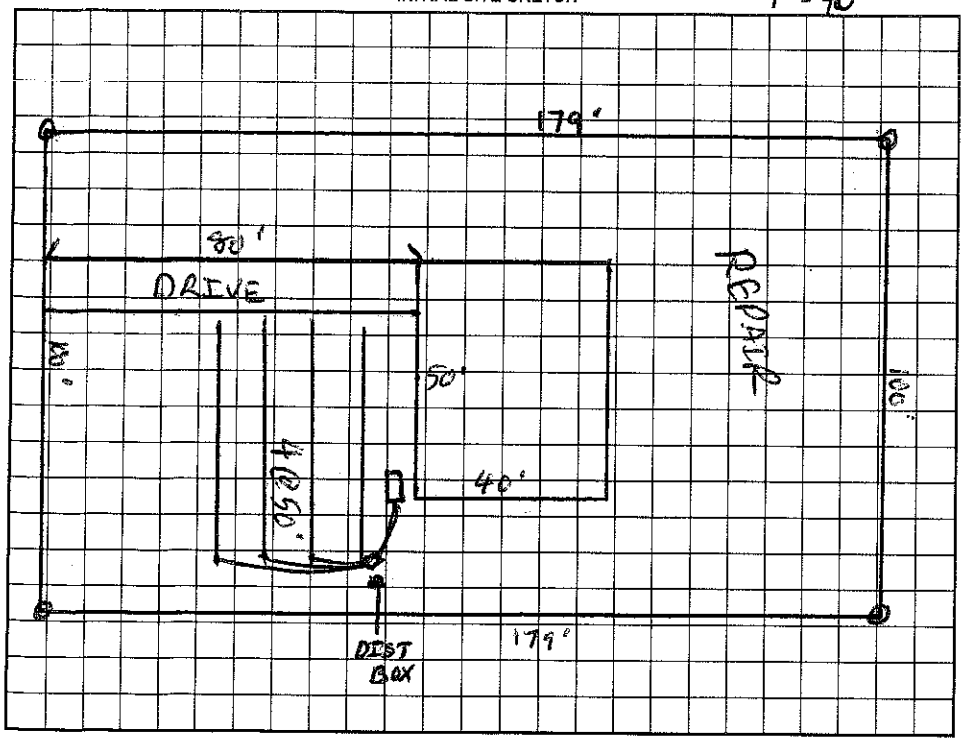
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions: 4 @ 50'

Comments:/Conditions:

INITIAL SITE SKETCH 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 ~~X~~ _____ date _____ Installed by: FJ ERVIN

Improvement Permit by: C. [signature] RS date 6/17/99 Operation Permit by: C. [signature] RS date 7/1/99

Authorization to Construct by: C. [signature] RS date 6/17/99 Existing System Inspection by: _____ date _____

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