3100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# Repair 4637.03-8177 Cell DATE 10/3/03

OWNER OR CONTRACTOR Tom Bruce PHONE: Business 965-7669 Home 664-8090

ADDRESS 128 Culpeze Mooresville NC 28117

LOCATION Brawley School Rd TR Blume Rd to end TR Culpeze or right (Septic easement btw Blume & Culpeze)

SUBDIVISION CLAT BLOCK / SECTION 9 LOT 142 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: ~~E~~ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: Goulds Model VIE 10/24 Serial No. FC3560101

Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth N/A

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI 3B

System Description: _____

Repair System Description: Pump-25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

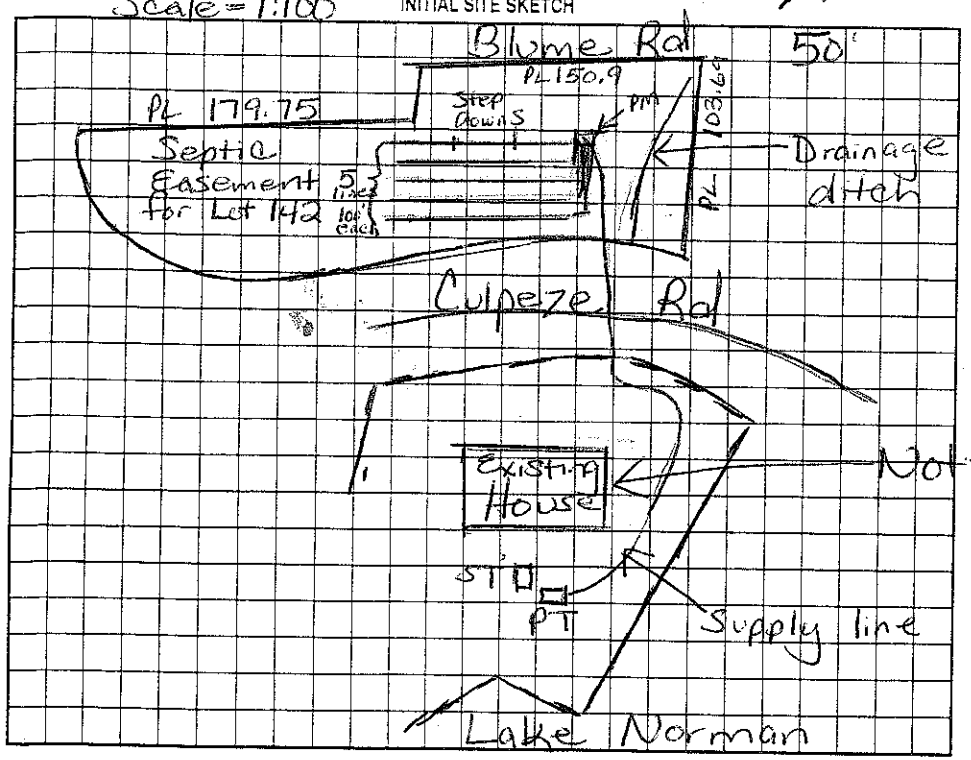
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & Out of R/W. Keep Supply line at least 5' From PL. Install "step downs" @ 3' and 4'.

Comments:/Conditions: Note: Owner wants to install extra line @ 100' 400' linear feet required for 4 Bedrooms

* New tanks installed in Sept. 2002

Scale = 1:100 INITIAL SITE SKETCH



AS BUILT SKETCH

Checked lines 10/20/03

~2ft. on step downs

Checked pressure, elect. & alarm

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: Margaret Bruce date 10/6/03

Improvement Permit by: Maria H. Tolson R.S. date 10/3/03

Authorization to Construct by: Maria H. Tolson R.S. date 10/3/03

Installed by: E J Ervin R.S.

Operation Permit by: Maria H. Tolson date 11/19/03

Existing System Inspection by: _____ date _____

* Repair

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