IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair/109153 PIN# 4637038177 DATE 9/20/2002

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

ADDRESS 128 Culpeze Mooresville, NC 28117

LOCATION Brawley School Rd TR Blume Rd to end TL Culpeze on right

SUBDIVISION C&T BLOCK / SECTION 9 LOT 142 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: 1500 Gallons; STB 797 Date 6-25-02 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 27 Date 7-26-02 System Description: Pump - Conventional

Pump Make: 1000 Model _____ Serial No. _____ Repair System Description: Pump - Innorative

Nitrification Field: No Fields ___ Square Feet Existing Linear Feet _____ Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

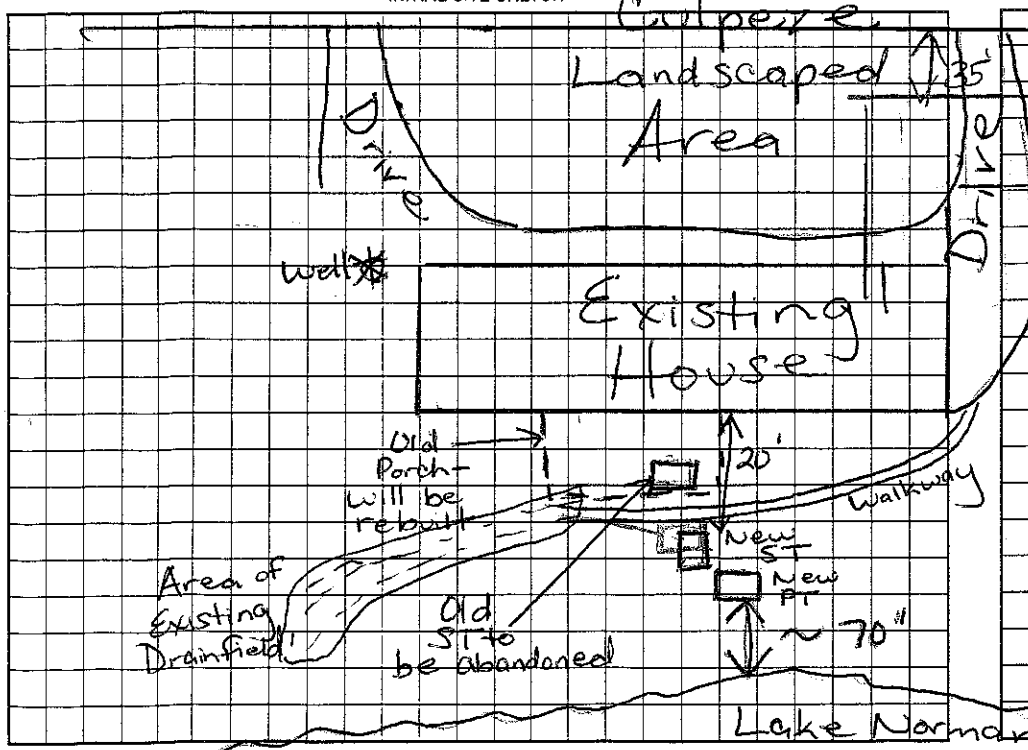
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____ No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

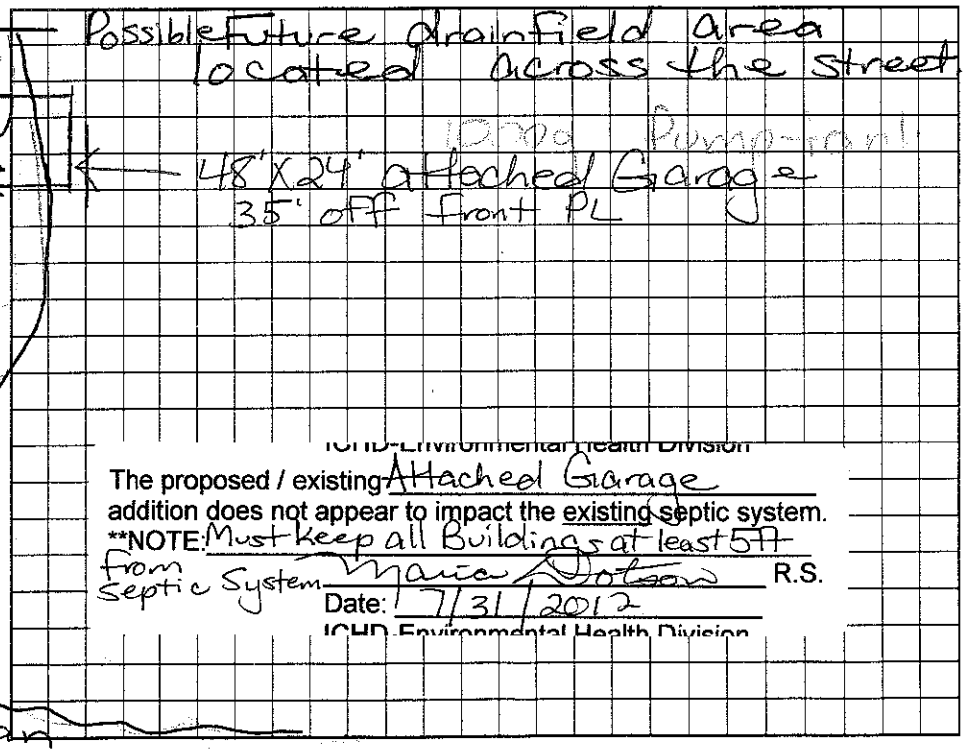
Comments/Conditions: Existing ST to be replaced with new ST & PT. Old ST had porch over top of it for many years. Owners want to rebuild porch & abandon ST.

Comments/Conditions: Owner requested 1500 gal tanks due to future plans to expand to 5 bedroom house. Keep tanks at least 50' from lake

INITIAL SITE SKETCH



AS BUILT SKETCH



ICHD-Environmental Health Division

The proposed / existing Attached Garage addition does not appear to impact the existing septic system.

**NOTE: Must keep all Buildings at least 5ft from Septic System Maria Dotson R.S.

Date: 7/31/2012

ICHD-Environmental Health Division

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 Margaret Bruce date _____ Installed by: F.J. Ervin R.S.

Improvement Permit by: Maria H. Dotson R.S. date 9/20/02 Operation Permit by: Maria H. Dotson R.S. date 9/25/02

Authorization to Construct by: Maria H. Dotson R.S. date 9/20/02 Existing System Inspection by: _____ date _____

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