# IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

~~400~~ (300)

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

PROPERTY DESCRIPTION NO. 23028 DATE 2/22/96 TAX MAP NO. 2L 5A 128 4637 115232 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Wm R Bailey PHONE: Business _____ Home 662-4437

ADDRESS 396 Reed Creek Rd Mooresville, NC. 28115

LOCATION Brawley Sch TR Blume Rd. L Beaten Path R Culpepper, corner on (L)

SUBDIVISION C L + T BLOCK / SECTION _____ LOT 15/4 LOT AREA ~1.0 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 827 Date 5/1/97

Pump Tank: 1000 Gallons; PP ~~837~~ 827 Date 5/7/97

Pump Make: Zoeller Model N137C Serial No. _____

Nitrification Field; No Fields 1 Square Feet 1200 Linear Feet * 300

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

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI

System Description: Pressure Manifold - Presto Chem

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 6" SAND [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

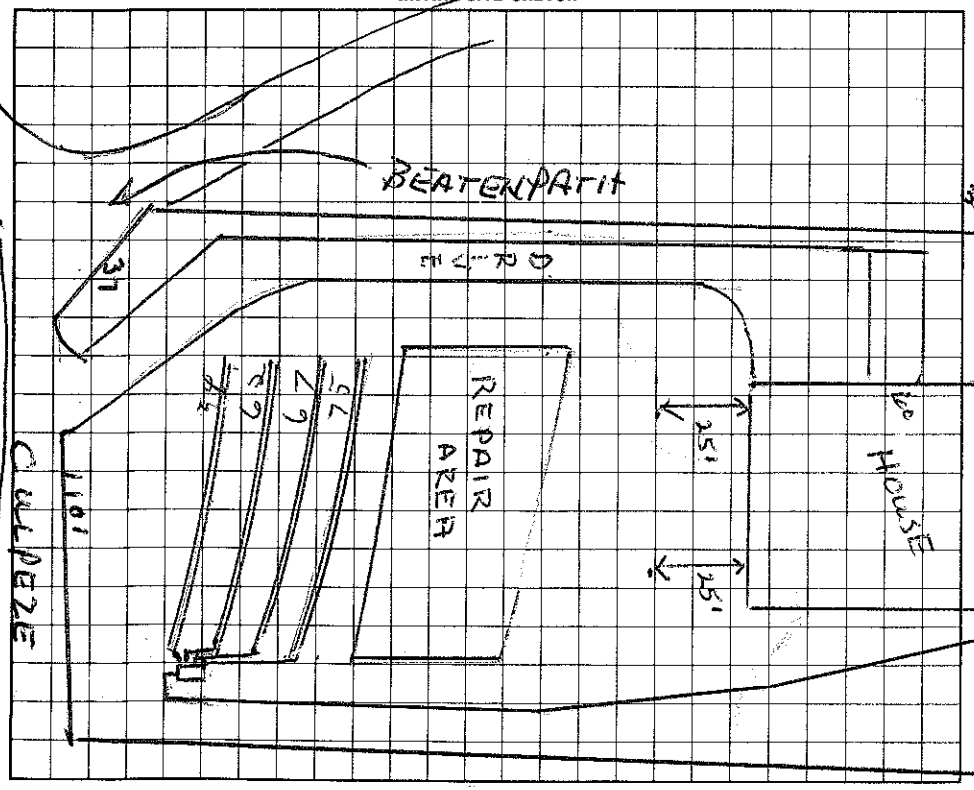
[ ] Other _____

Water Supply: [X] Individual [ ] Community [ ] Public

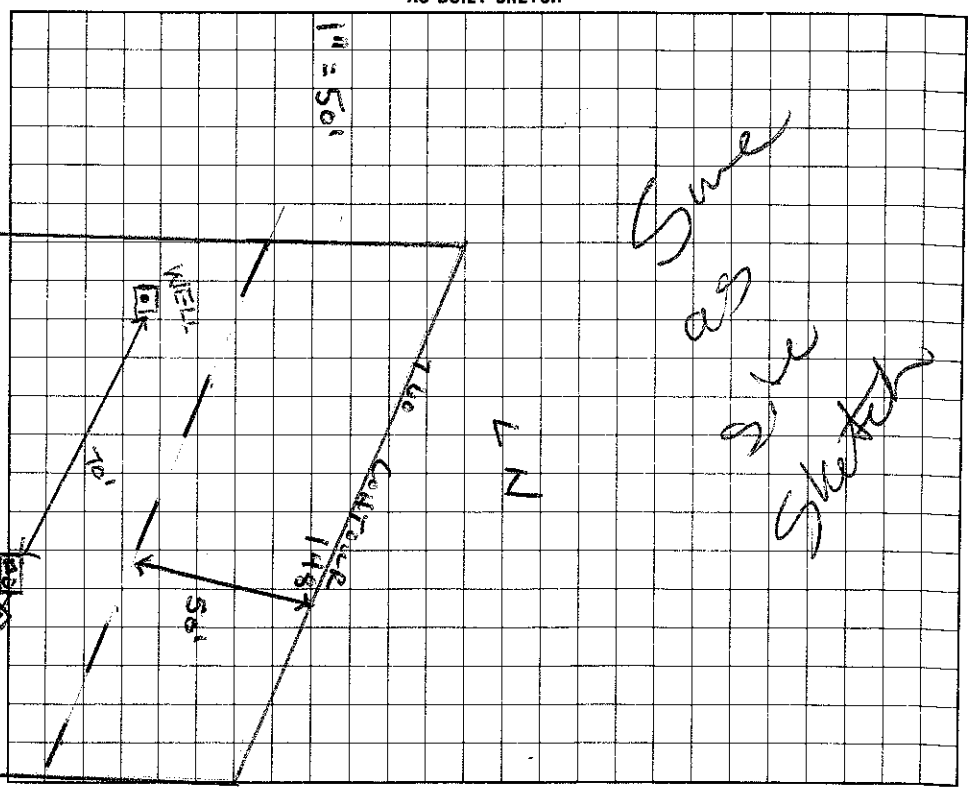
Comments: * Chamber & Pesticdome
Sand required to top of louver on each panel
4" Pressure Manifold in Protective Box

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH




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 5 year validity.

Signed: Stephanie H Bailey

Improvement Permit by: Wesley Sparks RS. date 2/22/96

Existing System Inspection by: Auth to Construct Wesley Sparks RS. date 2/22/96

Installed by: CURT DUNNING

Certificate of Completion by: _____ date _____

Operation Permit by: C. B. [illegible] date 6/24/97 A.W.

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