~~[crossed out]~~ Authorization to Construct 4637270799 93-

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 24254 DATE 12/5/96 TAX MAP NO. 2L A1

OWNER OR CONTRACTOR D L Brown PHONE: Business ______ Home 596-2586 Watershed: ☒ Yes ☐ No

ADDRESS McCrary Rd. Mooresville, NC. 28115

LOCATION McCrary Rd TL off 150W, ~3/4 mile on (E)

SUBDIVISION No BLOCK / SECTION ______ LOT ______ LOT AREA 20 ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/3/97

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv - D Box

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ______
☐ Other ______

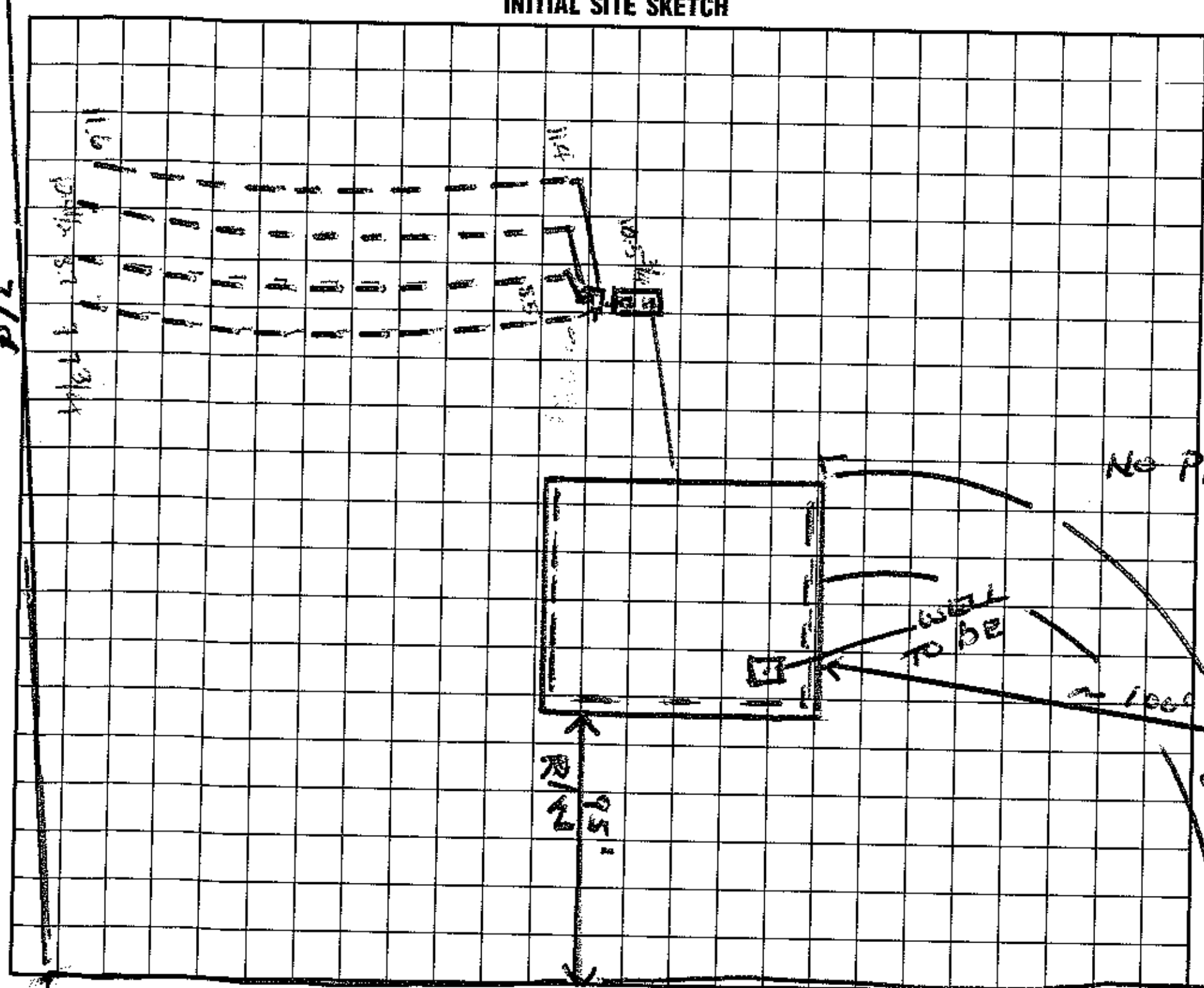
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

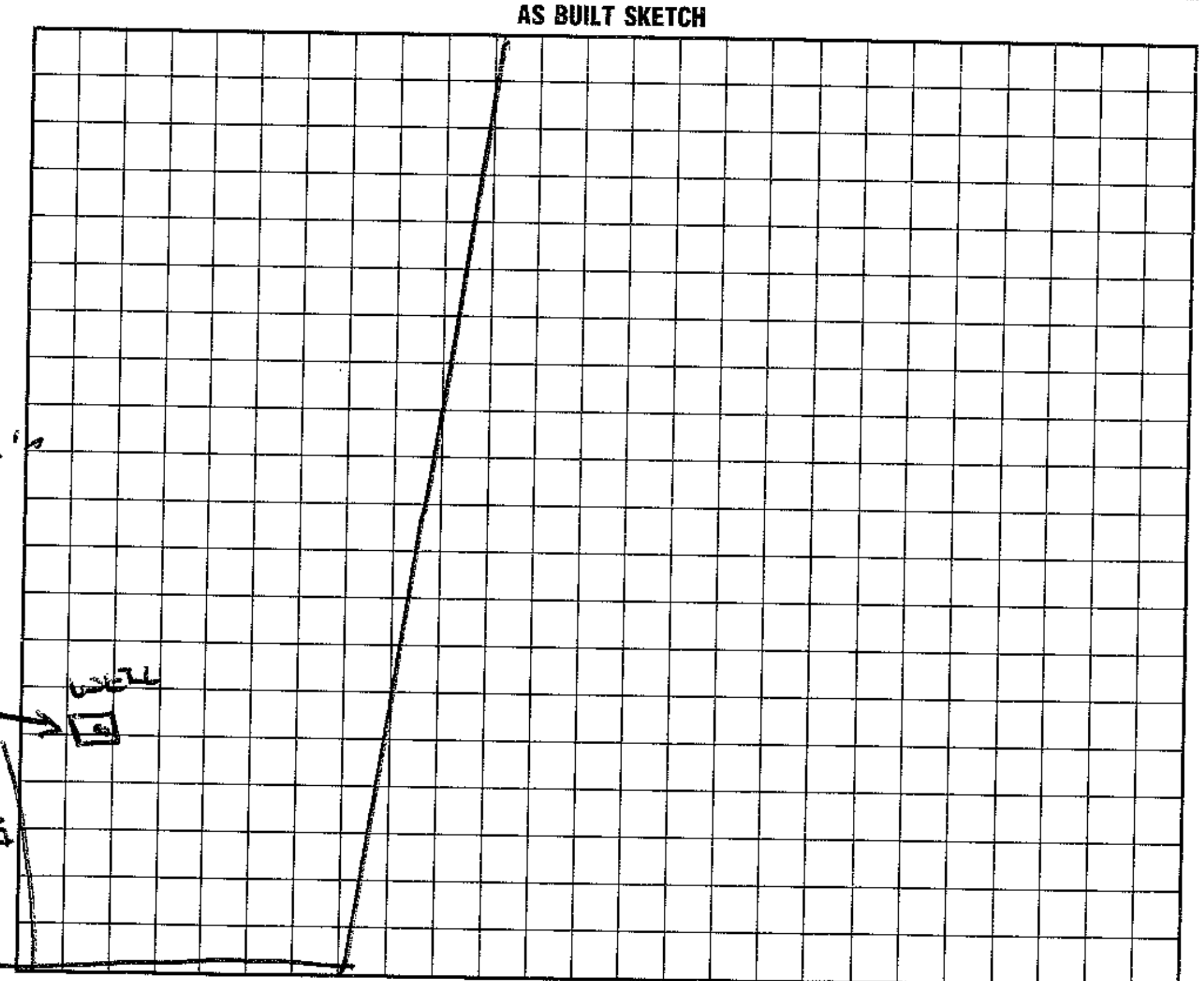
Comments:

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.

Signed: [signature]

Installed by: Tim Ammons

Improvement Permit by: Wesley Sparks RS. date 12/5/96

Certificate of Completion by: Maria Dotson date 7/3/97

Authorization to Construct ~~Existing System Inspection~~ by: Wesley Sparks RS. date 12/5/96

Operation Permit by: Maria Dotson date 7/3/97

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