# IREDELL COUNTY HEALTH DEPARTMENT

s/b 4637310892 $130

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

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

PERMIT# 111236 PIN# ~~4637-31-1794~~ DATE 2/21/03

OWNER OR CONTRACTOR Geoff Davidson PHONE: Business 259 Home 704-664-3980

ADDRESS 163 Spring Run Dr. Mooresville NC 28117

LOCATION Brawley sch, TR Blume, TR Patternote, on Lt. #263 Patternote

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 173/173A LOT AREA 0.729 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 10/1/05

Pump Tank: 1000 Gallons; PT 233 Date 9/10/05

Pump Make: GOULDS Model WE1512HU Serial No. K0540026

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Press. Man., 25% Red.

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

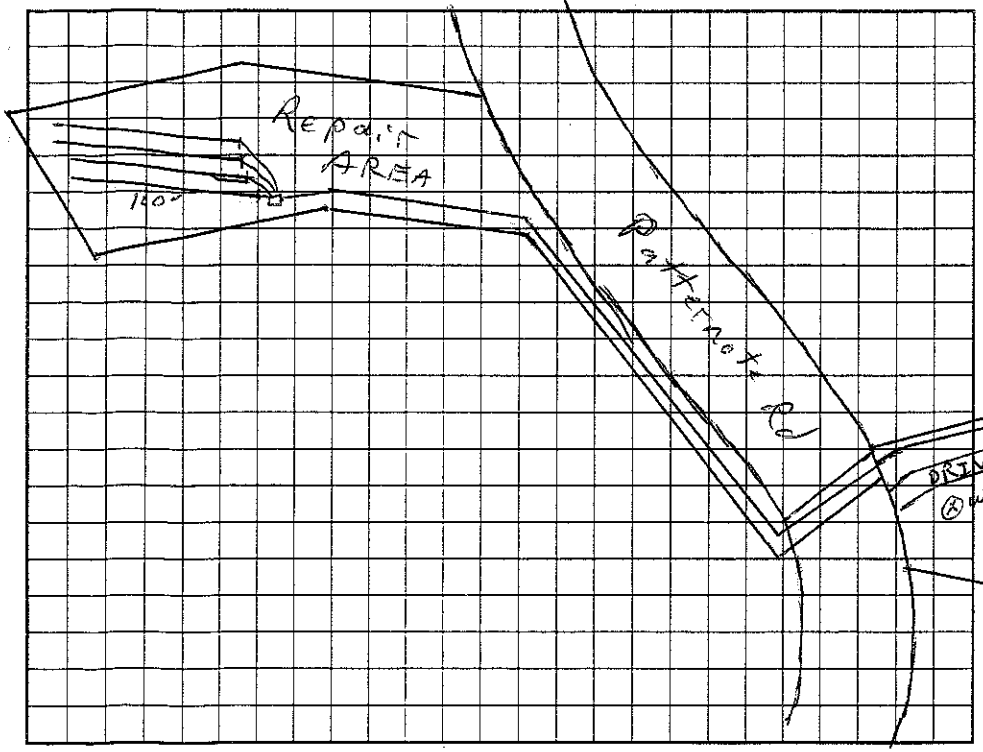
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Reviewed Building plans Essentially in Compliance with Imp. Permit

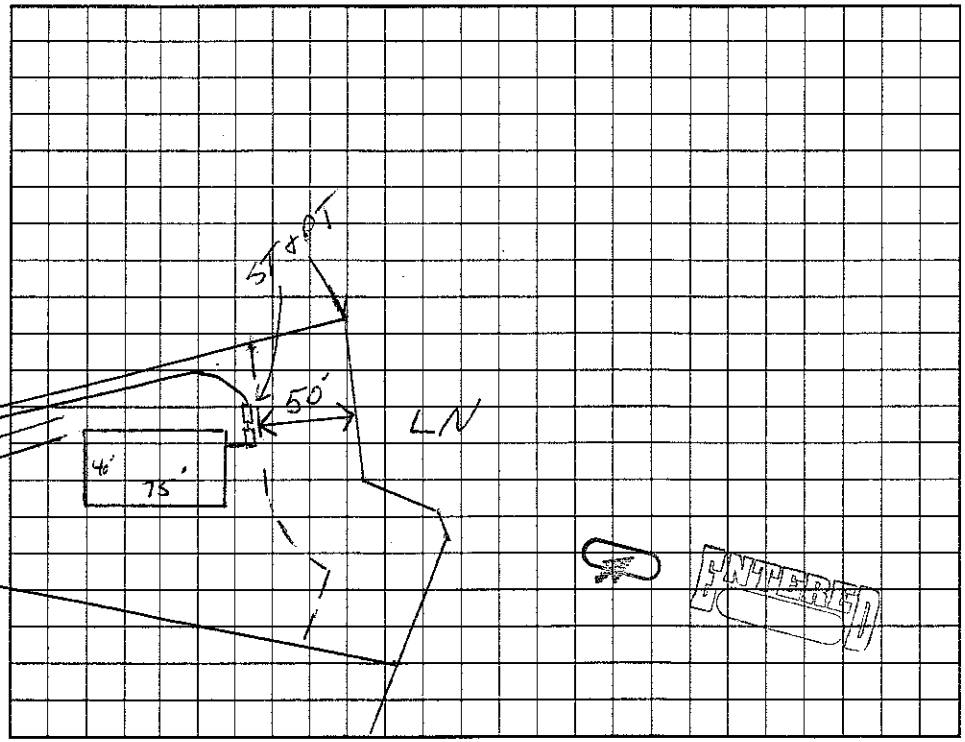
Comments:/Conditions: per ft. 41 per ft. 61

ST W/Risers and Red Poly Lok Filter

INITIAL SITE SKETCH




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: _____ date _____ Installed by: Dellinger

Improvement Permit by: RS date 2/21/03 Operation Permit by: RS date 3/15/06

Authorization to Construct by: RS date 5/13/05 Existing System Inspection by: _____ date _____

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