IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123725 PIN# 4637338341 DATE 1-23-06

OWNER OR CONTRACTOR Tracy & Eugene Adams PHONE: ~~Business~~ 663-3667 Home 704 241-6594

ADDRESS 219 Chandelegur Dr. Mooresville, NC 28117

LOCATION Brawley School Rd TR Oak Tree, past school bear left then on right

SUBDIVISION Cla 1 BLOCK / SECTION 9 LOT 227 LOT AREA .718 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 3/2 Date 11/22/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 468' Linear Feet 234'
No Lines 6 @ 39' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - Panel Block
Repair System Description: LPS - Panel Block
Maintenance Agreement Required: ☐ Yes ☐ No

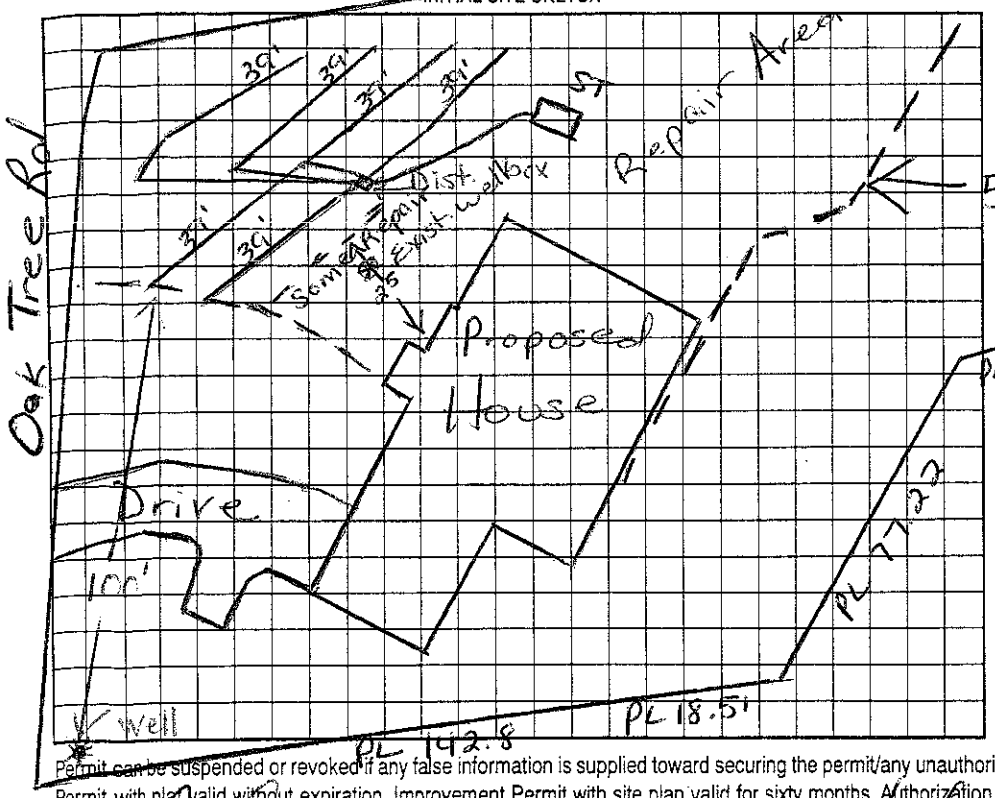
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Owner wants to use "Grinder pump" for Basement plumbing

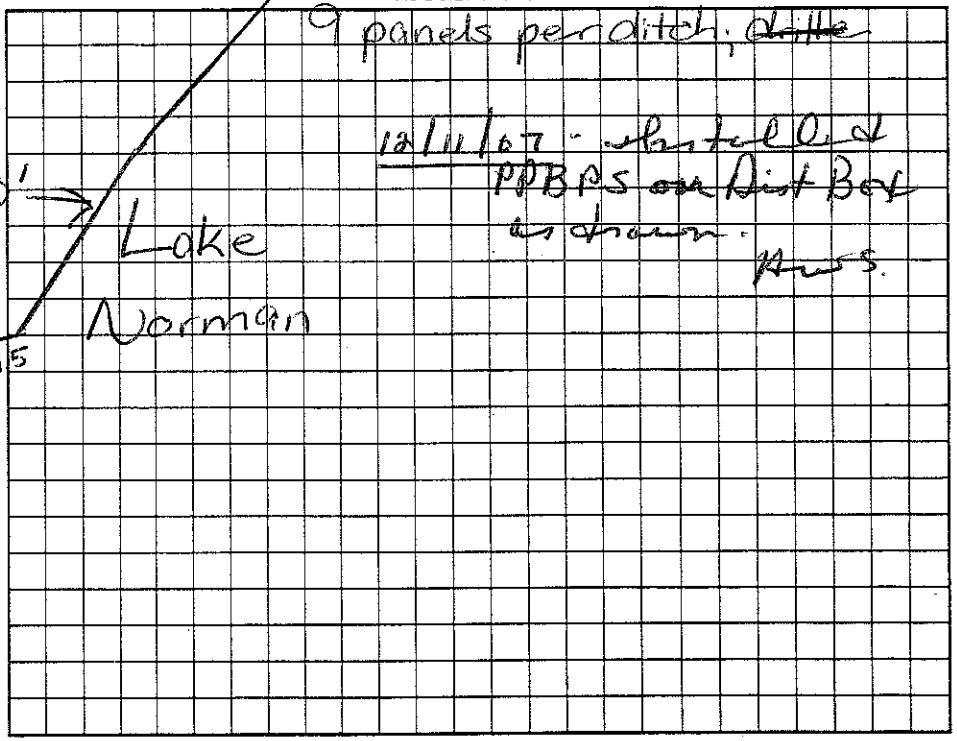
Scale 1:40

INITIAL SITE SKETCH



Comments:/Conditions: Note: Existing well to be abandoned prior to installation of Drainfield.

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: J Adams date 12/6/06

Improvement Permit by: Maria H. Dolgos RS date 1/23/06

Authorization to Construct by: Maria H. Dolgos RS date 1/23/06

Installed by: Dellinger

Operation Permit by: Wesley Sparks RS. date 1/12/07

Existing System Inspection by: ____ date ____

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