# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094341 PIN# 4637552405 DATE 2/19/2001

OWNER OR CONTRACTOR Stanley & Michelle Brown PHONE: Business _____ Home 663-6608

ADDRESS 288 Doolie Rd. Mooresville, NC

LOCATION Hwy 150 West To Doolie Rd ~ 3/4 mile On right - 288 Doolie Rd

SUBDIVISION Cluster BLOCK / SECTION 10 LOT 1168 LOT AREA ~1.9 Acre SITE CLASS. _____ DESIGN FLOW 480 gpd L.T.A.R. Exist

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1371 Linear Feet 457

No Lines 4 ~ 115'ea Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: Existing Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

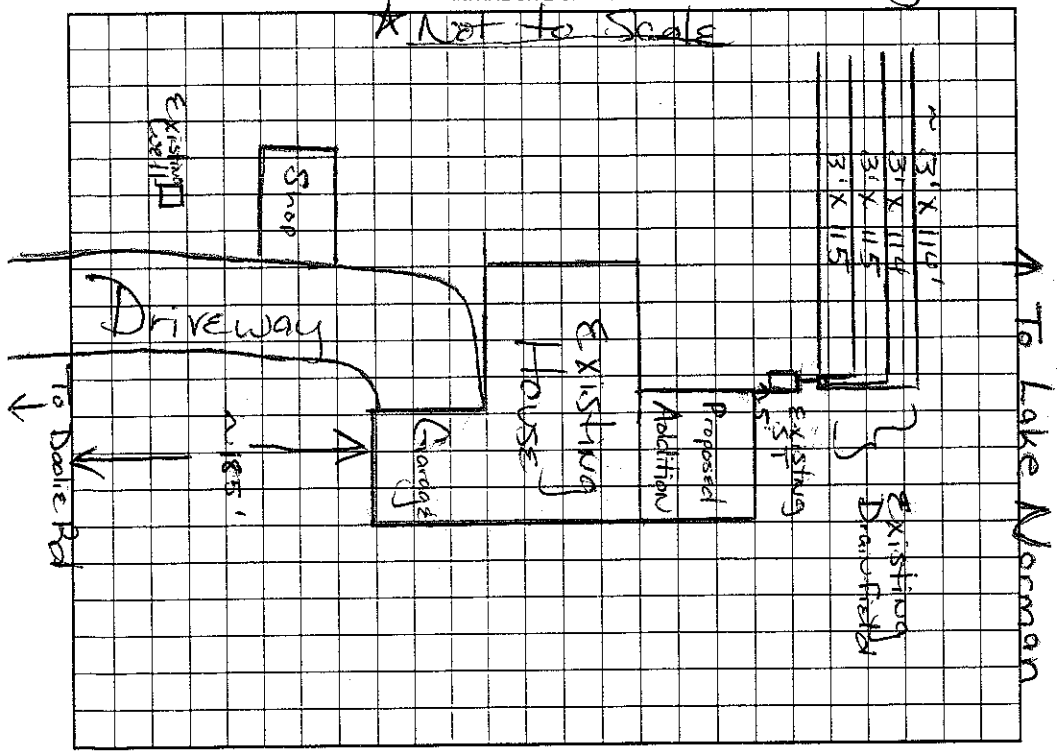
Comments:/Conditions: Existing Septic System appears to be Functioning okay at time of inspection, No problems Noticed. Must keep addition at least 5' from Septic System

Comments:/Conditions:

Original System installed 1988 for (1) Thomas Casey

INITIAL SITE SKETCH

Not to Scale




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: X Stanley A Brown date 2/19/2001

Improvement Permit by: Maina H. Dotson RS. date 2/19/2001

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina H. Dotson RS. date 2/19/2001

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