3100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079176 PIN# ~~4637618063~~ 4637618053 DATE 2/11/99

OWNER OR CONTRACTOR RAY SHORT PHONE: Business _____ Home _____

ADDRESS 470 STUTTS RD. MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR OAK TREE - TR HARBORCREST - ON LT

SUBDIVISION HARBORCREST BLOCK / SECTION _____ LOT 2 LOT AREA .53AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .30/.50/.75

Septic Tank: 1000 Gallons; STB 312 Date 8/22/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 300
No Lines 4@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY PANEL
Repair System Description: SAME.
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

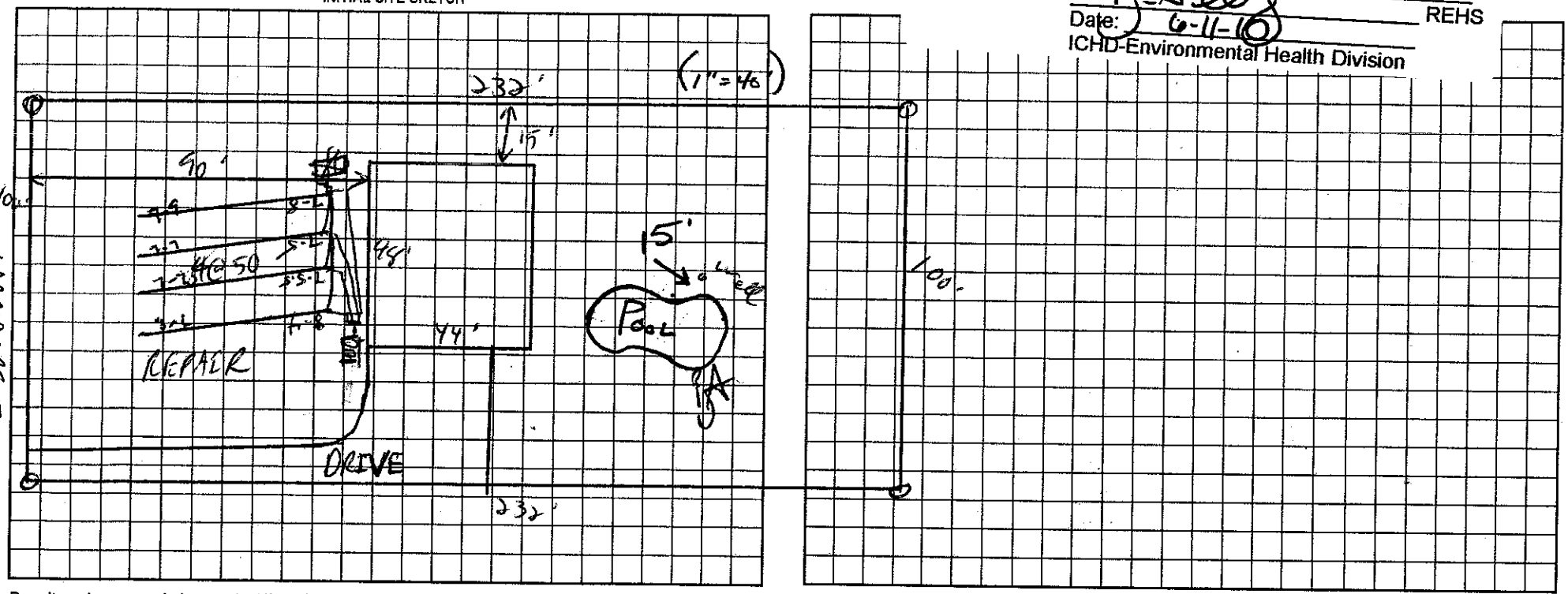
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☐ Community

Comments/Conditions: IF DRIVE IS SWITCHED AND GARAGE IS ON OTHER SIDE - SYSTEM WILL BE PUMPED.

Comments/Conditions:
The proposed / existing Pool addition does not appear to impact the existing septic system.
**NOTE: 1"=40'
Date: 6-11-10 REHS
ICHD-Environmental Health Division

INITIAL SITE 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: Ray Short date 2/24/99
Improvement Permit by: C. Hyatt RS date 2/11/99
Authorization to Construct by: C. Hyatt RS date 2/11/99

Installed by: F J Ervin
Operation Permit by: Wesley Sparks RS date 10/14/99
Existing System Inspection by: _____ date _____

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