IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128156 PIN# ~~4637 91 5624~~ 4637916249 DATE 6/2/05

OWNER OR CONTRACTOR Ronnie D. Thompson PHONE: Business _____ Home 704 664 2498

ADDRESS 772 Brawley Sch. Rd Mooresville NC 28117

LOCATION Brawley Sch Rd. on Rt #772

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1001 Date 12-30-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 330 Linear Feet 110
No Lines 2@55' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms _____
☐ Mobile Home No. Bathrooms _____
☒ Business No. Employees 4
☐ Other _____

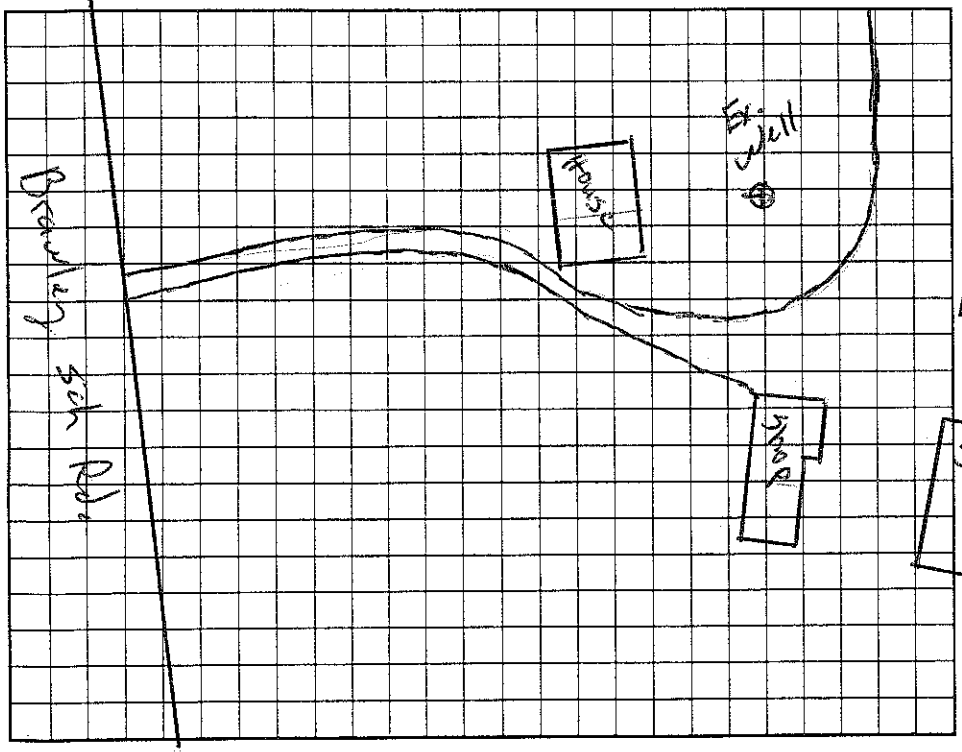
Gravel Depth 12" ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
Sharing

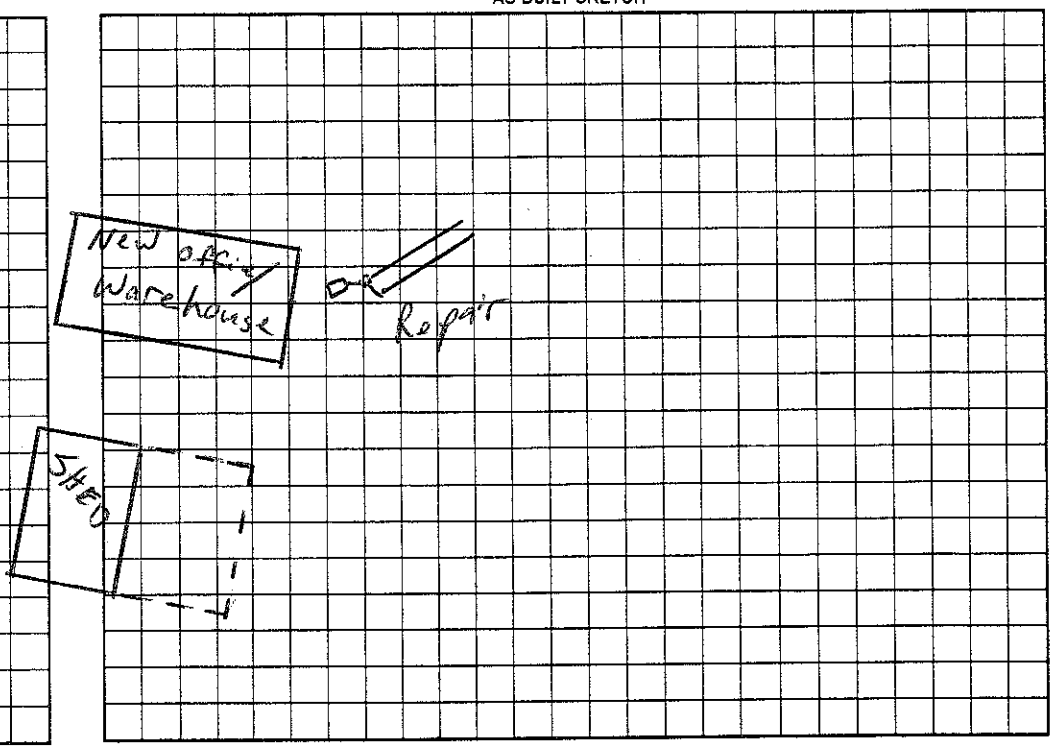
Comments:/Conditions:

Comments:/Conditions: Installed Quick 4 "Plastic Chambers" as Drawn Exist. Well

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 6-21-05 Installed by: Richard Abernathy

Improvement Permit by: _____ RS date 6/21/05 Operation Permit by: _____ date 1/27/06

Authorization to Construct by: _____ RS date 6/21/05 Existing System Inspection by: _____ date _____

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