IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 075867 PIN# 4638044476 Eric Haus DATE 6-7-2002

OWNER OR CONTRACTOR Chuck Curcio PHONE: Business (622-5573 Home 662-3608

ADDRESS 124 Brookstree Dr. Mooresville, NC 28117 (354 Robinson Rd.)

LOCATION Hwy 150 W TR Robinson Rd on right where road turns S

SUBDIVISION Robinson Wood BLOCK / SECTION ____ LOT 7 LOT AREA .92Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date 8/11/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity *25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

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

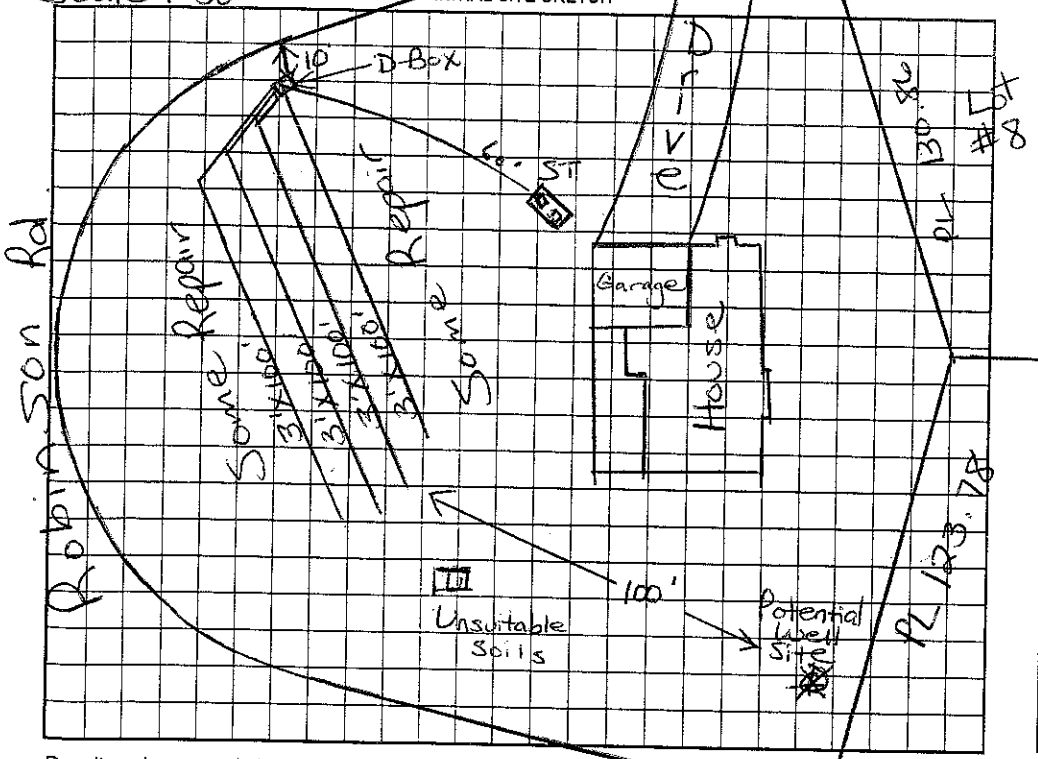
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System 10' from PL & 100' to well

Comments/Conditions: *25% Reduction in Drainfield area INFILTRATOR INSTALLED.

Scale 1:50'

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 6/11/02 Installed by: Larry Beam

Improvement Permit by: Maria H.H. Dotson RS date 6/7/2002 Operation Permit by: Wesley Sparks R.S. date 12/17/02

Authorization to Construct by: Maria H.H. Dotson RS date 6/7/2002 Existing System Inspection by: ____ date ____

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