IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # N/A PIN # 4638 45 2900 DATE 6 | 11 | 09

OWNER or APPLICANT THOMAS BROWN PHONE: Business 704-661-8135 Home: 704-660-6442

OWNER or APPLICANT ADDRESS 326 NORMANDY RD. MOORESVILLE, NC. 28117

LOCATION / DIRECTIONS PERTH N TL NORMANDY RD. TR#326 ON (R)

SUBDIVISION CL+T BLOCK / SECTION 11 LOT # 90 LOT AREA ~1 AC DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 349 Date 6/25/09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields____ No Lines____ Linear Feet____

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☒ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: REPLACE SEPTIC TANK

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons ____ ☐ Other No. Employees ____

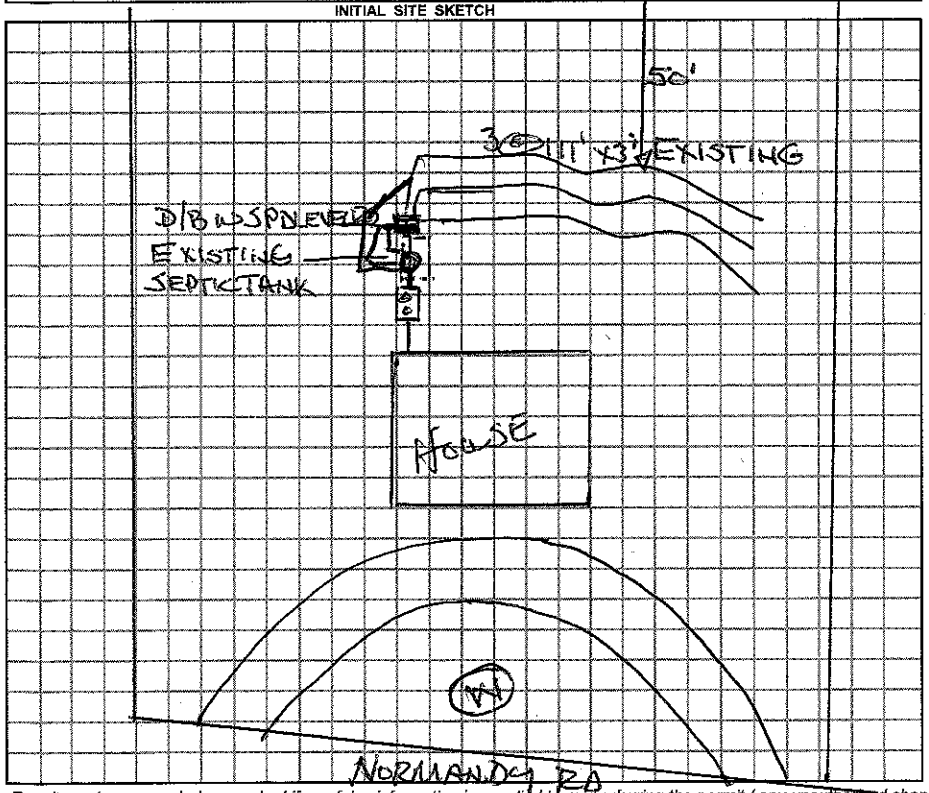
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: CRUSH OLD TANK IN PLACE, SET NEW TANK AS SHOWN SET DIST. WITH SPEED LEVELS AND RE CONNECT TO EXISTING DRAINLINES' A 1-KN

Comments / Conditions

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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 6/12/09

Improvement Permit by: Wesley Sparks RS. Date 6/11/09

Authorization to Construct by: Wesley Sparks RS. Date 6/11/09

Installed by: Stanley Septic Service

Operation Permit by: Wesley Sparks RS. Date: 6/23/09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant