Repair

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC.

1:30

PERMIT# Repair PIN# Repair / 4638723081 DATE 5/15/02

OWNER OR CONTRACTOR Deborah Anders PHONE: Business _____ Home _____

ADDRESS 2241 Perth Rd. Hwy 150 W. TR Perth Rd on right across from LN Airpk

LOCATION 118 Ray Dawn Ln Mooresville NC SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360gpd T.A.R. .3

Septic Tank: ~~Existing~~ Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~750' Linear Feet ~250

No Lines 3 Trench Width 36" Max Trench Bottom Depth ~~See Note~~ Gravel Depth N/A

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

System Description: Gravity-Plastic Chambers & EZ Flow

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3-4 No. Bathrooms 3 No. Employees _____

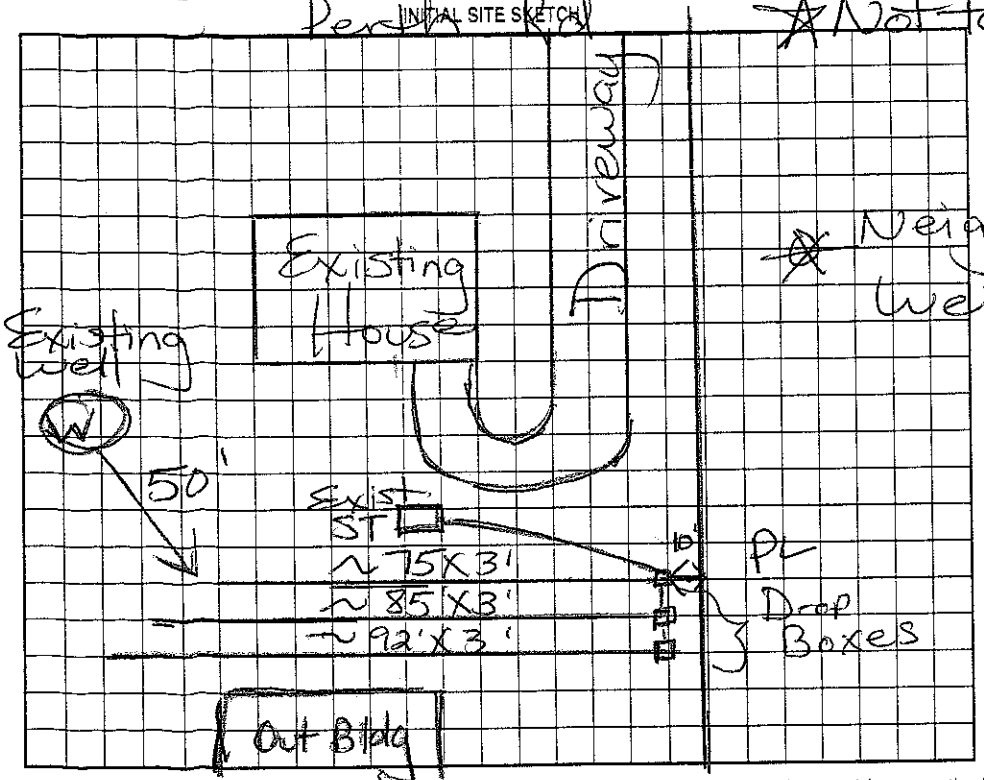
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

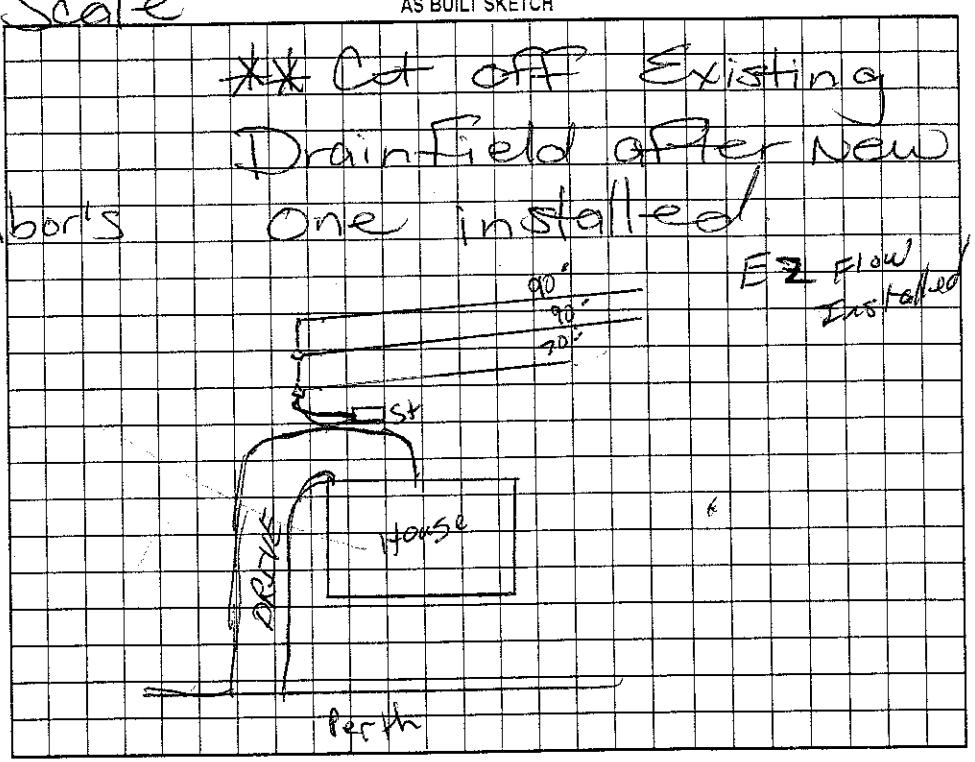
Comments/Conditions: ~~Note~~ Trench Bottom; Keep as Shallow As possible with gravity flow from Septic Tank.

Comments/Conditions: Install 3 lines of 25% reduction. Drainfield Must stay 50ft from any well.

INITIAL SITE SKETCH ~~X~~ 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 _____ RS date _____ Installed by: Tim Ammons

Improvement Permit by: Maria H. Colson RS date 5/15/02 Operation Permit by: _____ date 6/4/02

Authorization to Construct by: Maria H. Colson RS date 5/15/02 Existing System Inspection by: _____ date _____

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