1:30-2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084410 PIN# 4638924117 DATE 11-10-99

OWNER OR CONTRACTOR Danny Brown PHONE: Business _____ Home 664-5844 Robert Burrows (Father in law)

ADDRESS 305 Wilson Lake Rd Mooresville, NC 28117

LOCATION Hwy 150 W. TR Perth Rd TR Wilson Lake Rd on left across from Lakeshore School

SUBDIVISION _____ BLOCK / SECTION 11 LOT 16 LOT AREA .87 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 1014 Date 9-1-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines 4 at 125' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump/Gravity Modified
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____

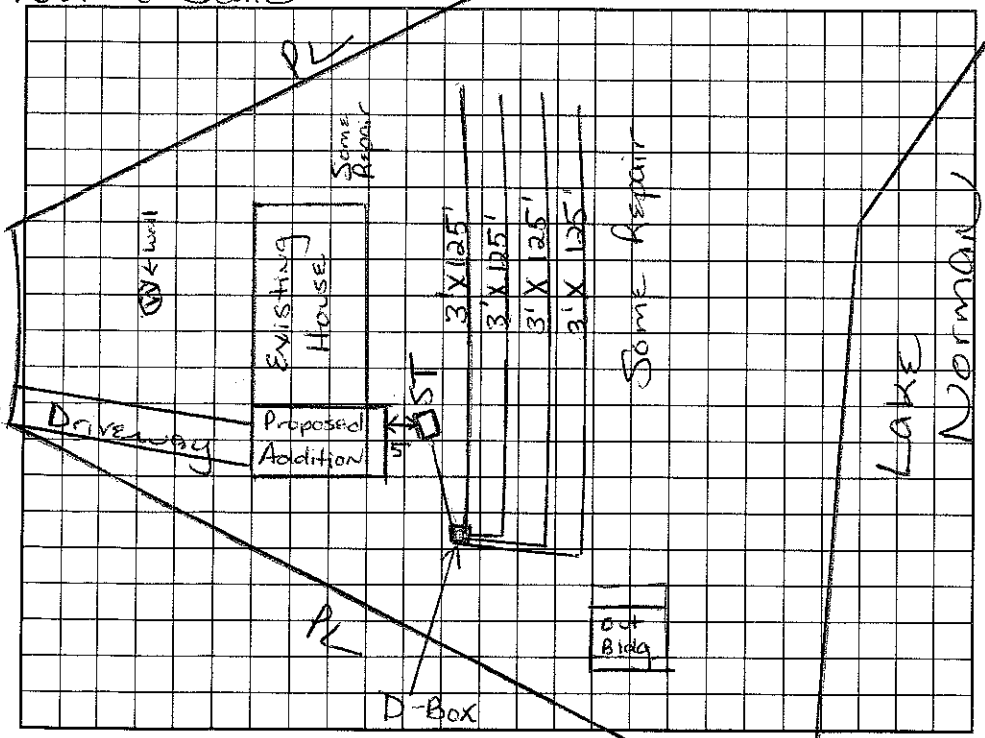
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ~~X~~ Properly abandoned Existing Septic tank.

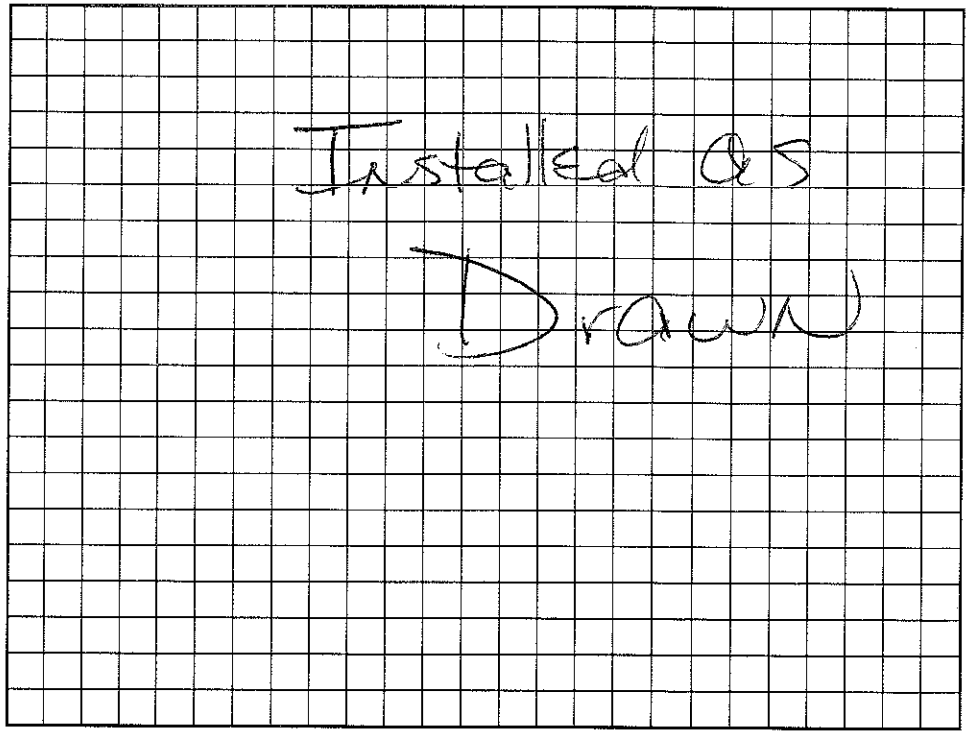
Comments:/Conditions: Keep Septic System 10' from PL, 50' from lake & 50' from well. Tanks & lines checked

Not to Scale

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: Linda D. Brown date 11/15/99 Installed by: Wayne Glontz

Improvement Permit by: Maina H.H. Dotson date 11/10/99 Operation Permit by: Maina H.H. Dotson RS date 5/5/2000

Authorization to Construct by: Maina H.H. Dotson date 11/10/99 Existing System Inspection by: _____ date _____

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