1400

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 1250 Paid MOORESVILLE 704-664-5281

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

PERMIT# 94220 PIN# 4646 04 1877 DATE 2/8/01

OWNER OR CONTRACTOR John E. West PHONE: Business _____ Home 660-1651

ADDRESS 234 Canvasback Rd Mooresville NC 28115

LOCATION Brawley Sch., L Canvasback, L 2nd Wood Duck, R Crystal Cir, R Crystal Cir on Rt

SUBDIVISION Crystal Bay BLOCK / SECTION — LOT 52 LOT AREA 0.46 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 4-4-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: LPPPBS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

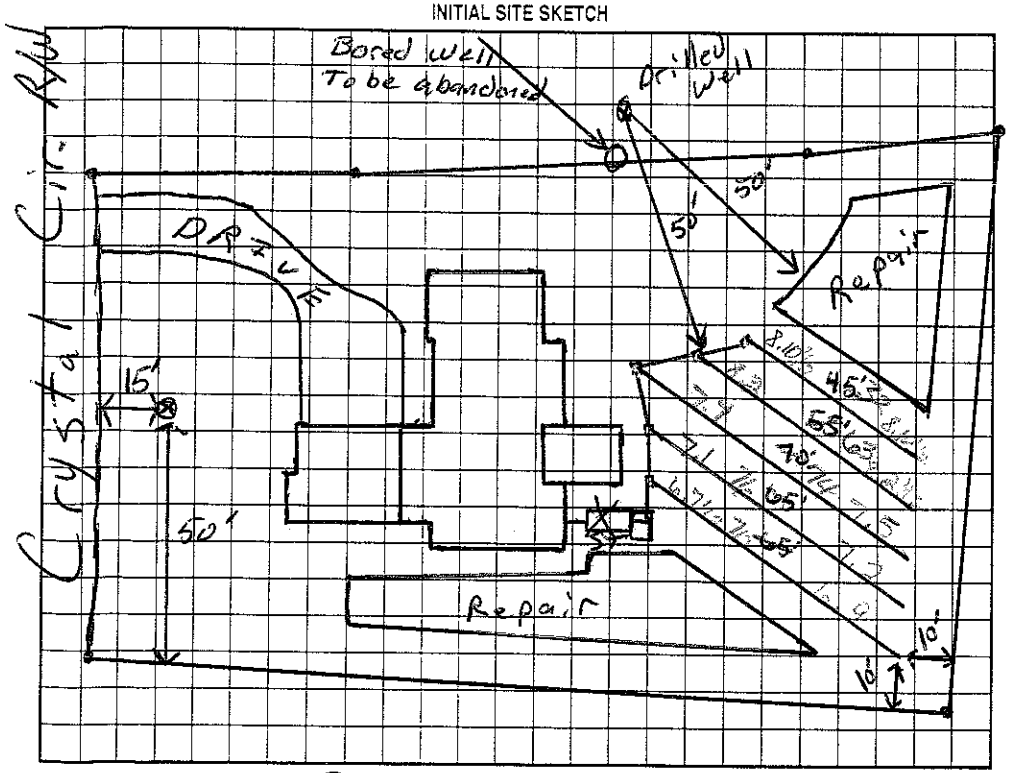
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Bored well must be abandoned according to the 15A NCAC 2C .0100 Rules

Comments:/Conditions: Bored well abandoned Installed Polylok fitter

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn
Use "Plastic Chamber" Lines

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: Brenda Reynolds date 2/9/01

Improvement Permit by: GJ Mabry RSI date 2/8/01

Authorization to Construct by: GJ Mabry RSI date 2/8/01

Installed by: Wayne Clontz

Operation Permit by: Mark Hutson RS date 6/28/2001

Existing System Inspection by: _____ date _____

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