IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106116 PIN# 4646056397 DATE 6-1-02

OWNER OR CONTRACTOR Christine Butler PHONE: Business _____ Home 660-6767

ADDRESS 159 Crystal Circle Mooresville, NC 28117

LOCATION Brawley School Rd TL Canvasback TL 2nd L Wooddick Lp TR Crystal Circle on left

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT 19 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity Convent.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

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

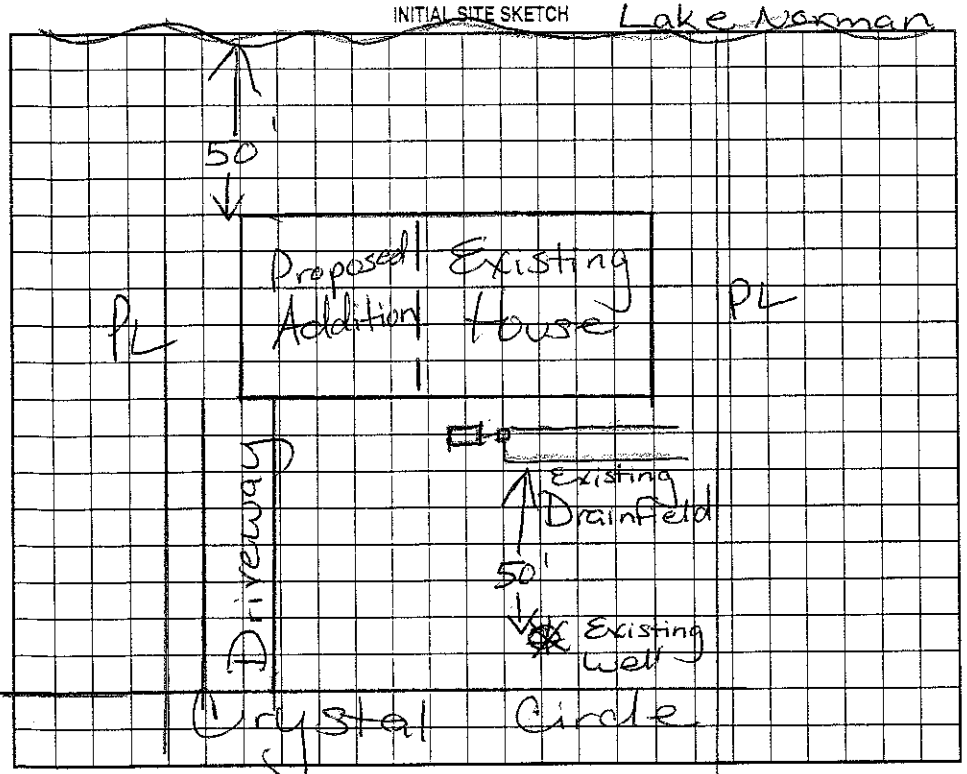
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems Noticed

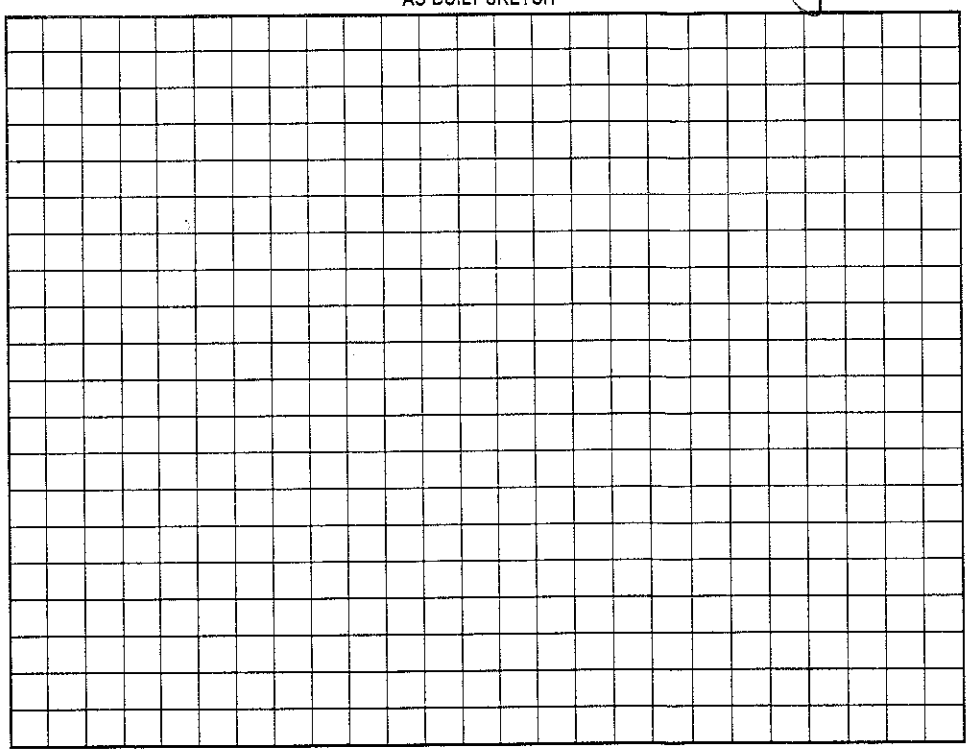
Comments/Conditions: Septic Okay for 2 Bedroom house

* Keep addition at least 5' From Septic System

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: C.A. Butler date 6/1/02

Improvement Permit by: Maria H. Doan R.S. date 6/1/02

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by Maria H. Doan R.S. date 6/1/02

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