IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 090093 PIN# 4646152192 DATE 4/29/2002

OWNER OR CONTRACTOR Michael Sullivan PHONE: Business 363-8895 Tony Home 895-9776

ADDRESS 138 Teakwood Ln. Mooresville, Ln 28117 183 Crystal Cir

LOCATION Brawley School Rd TL Canvasback TL Woodduck Lp TR Crystal Circle on left

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT 26 LOT AREA .75Acre SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/7/02
Pump Tank: 1000 Gallons; PT 37 Date 5/02
Pump Make: MYERS Model MW-50 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600' Linear Feet 200'
No Lines 4@50' Trench Width 24-36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Pump-PM-Panel Block
Repair System Description: Partial *Deeded prior to 1982
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3.5 No. Employees _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

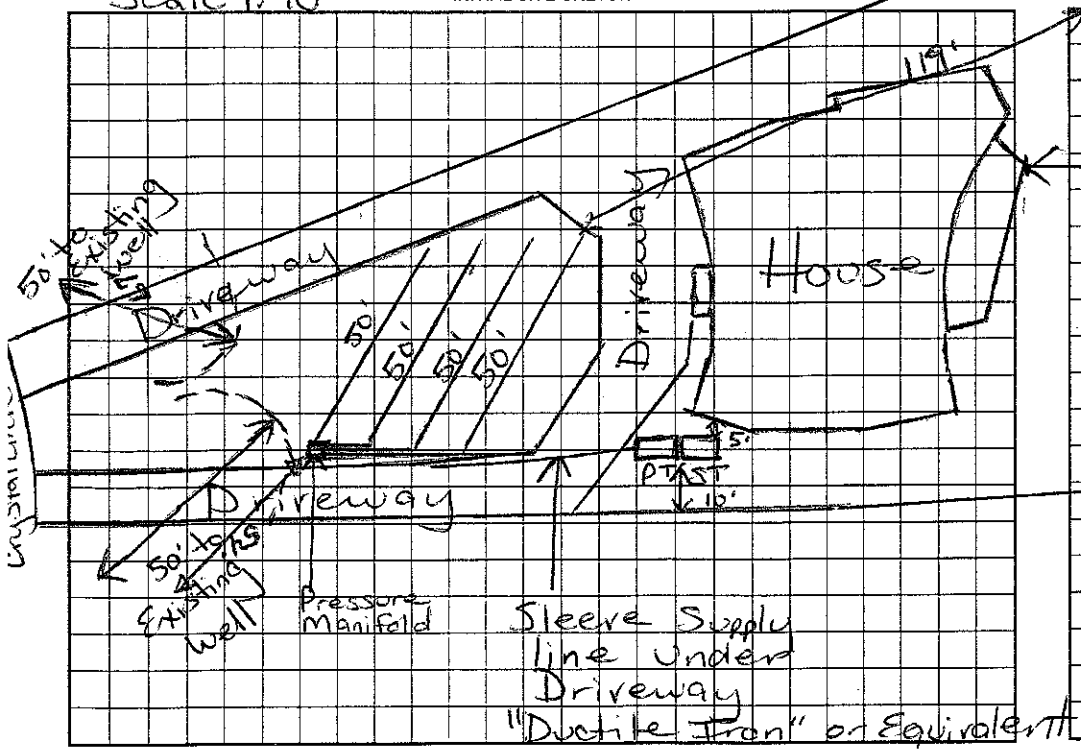
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL & 5' From House. Keep Septic System at least 50' From any well
*No vehicle traffic allowed over Septic areas

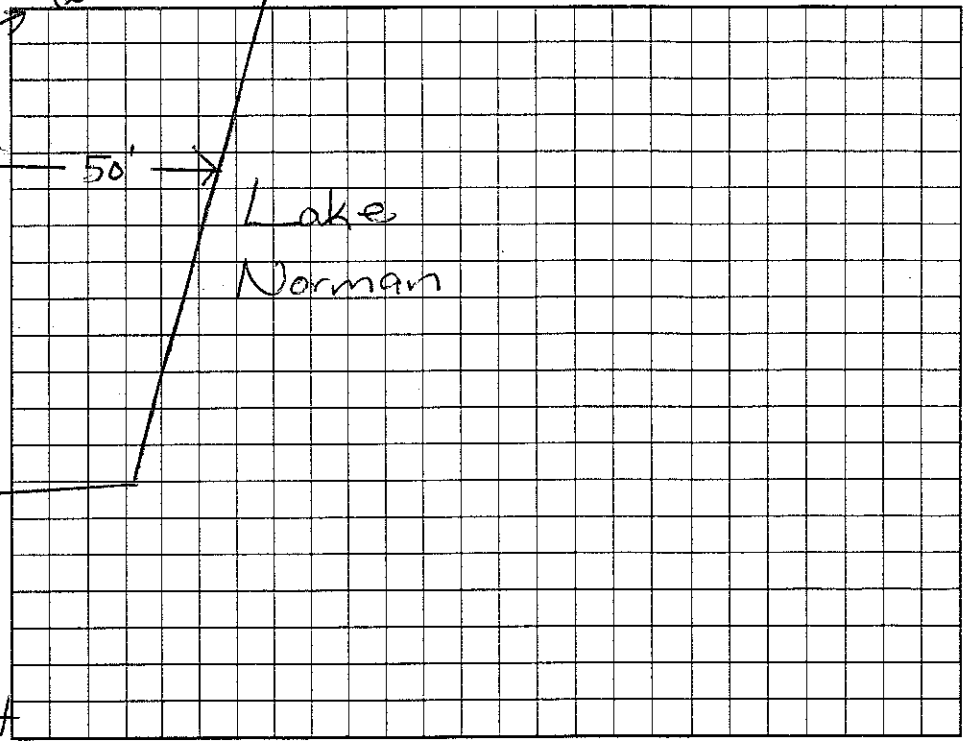
Comments/Conditions:

Scale 1:40

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: _____ date 05/02 Installed by: Orbison Const. Co.

Improvement Permit by: Maria H. Dotson RS date 4/29/2002 Operation Permit by: _____ RS date 8/22/02

Authorization to Construct by: Maria H. Dotson RS date 4/29/2002 Existing System Inspection by _____ date _____

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