IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Tax / MOORESVILLE

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTE...

PERMIT# 109024 PIN# 4646337327 DATE 10-1-02

OWNER OR CONTRACTOR Marvin Brotherton (Eddie) PHONE: Business 363-1865 Home (704) 663-7298

ADDRESS 233 Ponderosa Circle Mooresville, NC 28117 662 0105

LOCATION Williamson Rd TL Ponderosa 1/2 mile on left / 223 PONDEROSA CIRCLE

SUBDIVISION Bonanza BLOCK / SECTION ____ LOT 55 LOT AREA .57Acre SITE CLASS. PS DESIGN FLOW 360gal L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 6/3/02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1080' Linear Feet 360'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

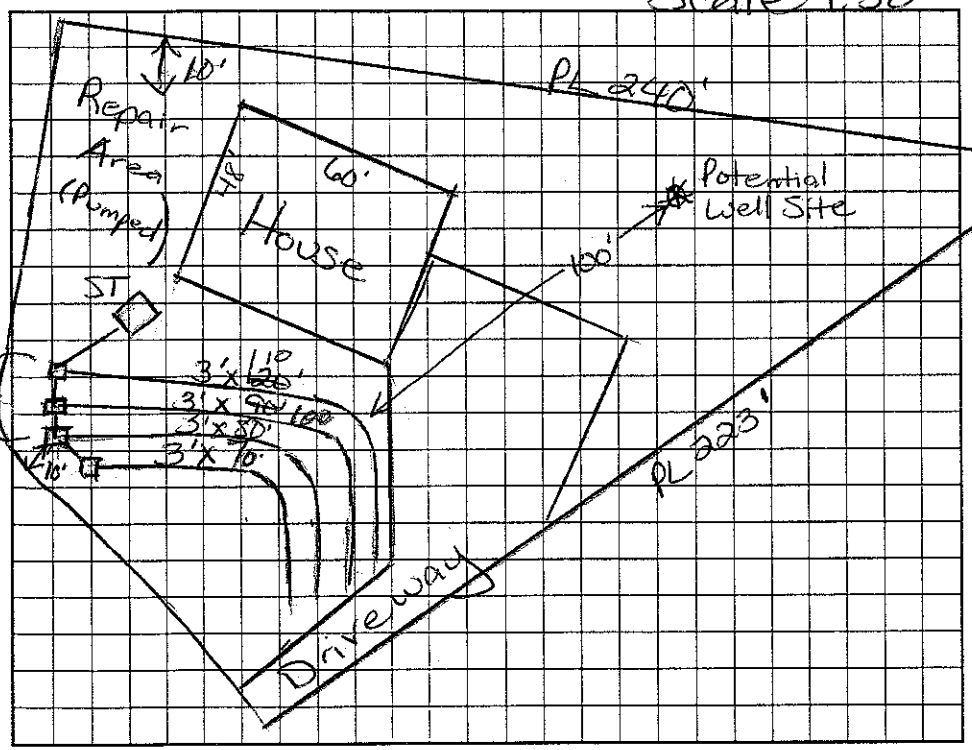
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 100' From well. Do Not Put Drive over Drainfield Area!

Comments:/Conditions: 11/16/03 - Soils were Ch 3 in mid section of drainlines. No Ch 2 observed and no lateral water seen. Soils were slightly sticky with Saprolite inclusions AWS.

INITIAL SITE SKETCH Scale 1:50



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: Gina Heald date 10/2/2002 Installed by: F T Erwin

Improvement Permit by: Maria H. Dalton RS date 10/2/2002 Operation Permit by: Wesley Sparks RS. date 1/16/03

Authorization to Construct by: Maria H. Dalton RS date 10/2/2002 Existing System Inspection by: ____ date ____

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