IREDELL COUNTY HEALTH DEPARTMENT Const. Auth STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPEC

PROPERTY DESCRIPTION NO. _____ DATE 10-16-97 TAX MAP NO. 4646 67 7808 Watershed: ☑ Yes

OWNER OR CONTRACTOR Richard & Marta Brown PHONE: Business _____ Home 663-3854

ADDRESS 142 Hickory Hill Rd. Mooresville

LOCATION Brawley Sch Rd - turn on Gibbs Rd. TR Apple Blossom TL Hickory Hill on Right near end

SUBDIVISION Gibbs Cove BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. No. 3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT 27 Date 8/30/97

Pump Make: HYDROMATIC Model SK50A1 Serial No. _____

Nitrification Field: No Fields 1 Ex Square Feet ~1260 Linear Feet ~420

No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity bed

Repair System Description: pumped-pm - chambered

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms ~3

☐ Business No. Employees _____

☐ Other _____

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

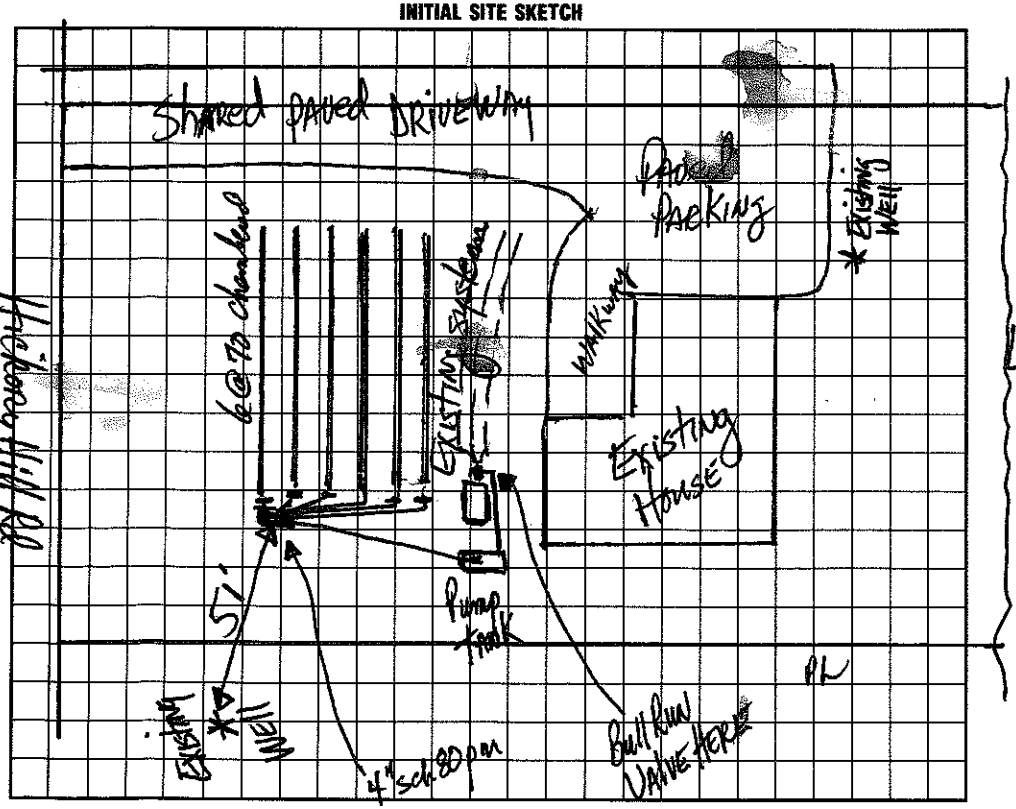
Water Supp ☑ Individual ☐ Communi ☐ Public

Comments:

Pump septic tank ; check plumbing for leaks ; Conserve water usage as much as possible.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS SITE SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Marta Brown

Improvement Permit by: D R Hamm, RS date 10-16-97

~~Existing System Inspection by:~~ Construction Authorization by: D R Hamm, RS date 10-16-97

Installed by: Larry Beam

Certificate of Completion by: _____ date _____

Operation Permit by: C. Brady Freeman RS date 10/24/97

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