IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281 (155)

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

PERMIT# 6722 PIN# 4646 77 4596 DATE 10/13/99

OWNER OR CONTRACTOR Dexter C. Durlin PHONE: Business ______ Home 904-9947

ADDRESS Gibbs Rd. Mooresville, NC. 28115

LOCATION Brawley Sch Rd. TL Gibbs Rd. to 12th lot on (L)

SUBDIVISION Gibbs Cove BLOCK / SECTION ______ LOT 12 LOT AREA 1.1 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 3/11/02

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square 936 312

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type 3

System Description: Gravity - Infiltrator

Repair System Description 16" PPBPS

Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

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

Water Supply: ☒ Individual ☐ Public ☐ Community

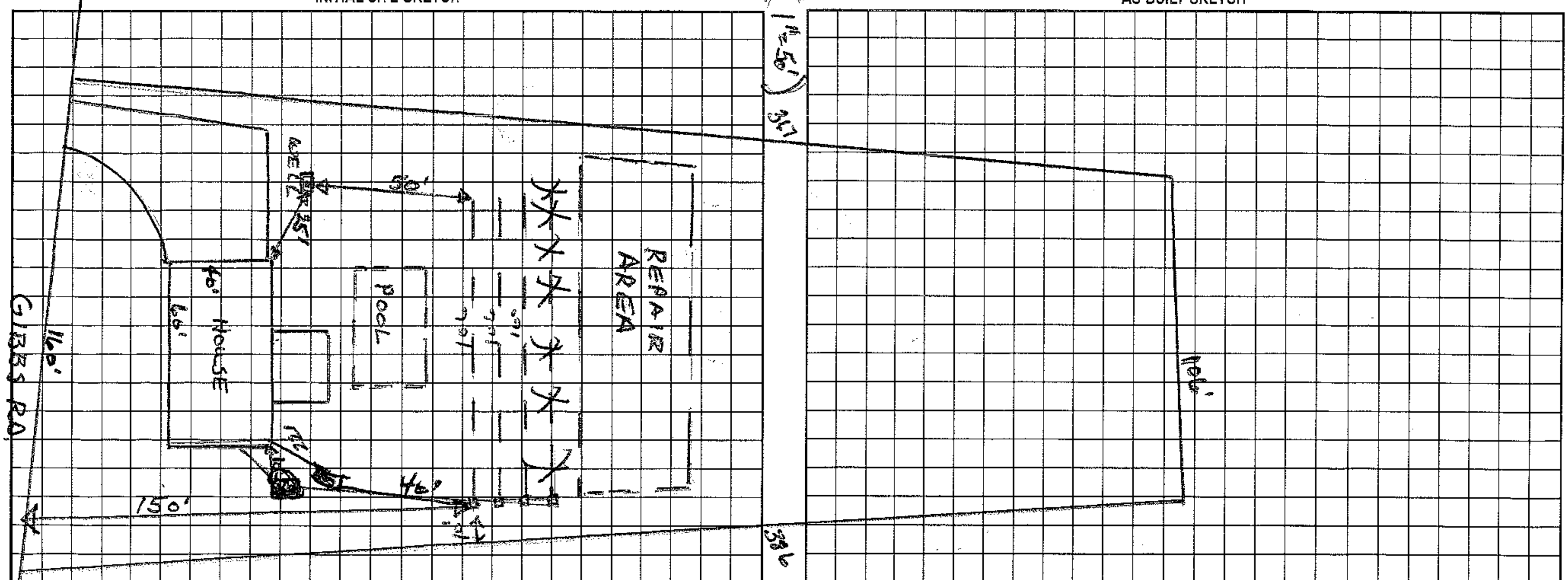
Comments:/Conditions:

7/29/02 Change to Type 3 reduced system with owners agreement per office conference - AWS.

Comments:/Conditions:

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: [signature] date 10-14-99 Installed by: Tommy Faye

Improvement Permit by: Wesley Sparks R.S. date 10/13/99 Operation Permit by: Wesley Sparks R.S. date 7/30/02

Authorization to Construct by: Wesley Sparks R.S. date 10/13/99 Existing System Inspection by: ______ date ______

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