IREDELL COUNTY HEALTH DEPARTMENT

Repair

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

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

PERMIT# N/A Repair PIN# 4647017232 DATE 4/1/2000

OWNER OR CONTRACTOR Bill Gordon PHONE: Business Home 664-6054

ADDRESS 117 Charleston Dr Mooresville

LOCATION Brawley School Rd TL Charleston ON left-1st lot behind Dry Cleaners

SUBDIVISION Williamsburg STOCK / SECTION LOT 1 LOT AREA SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Add

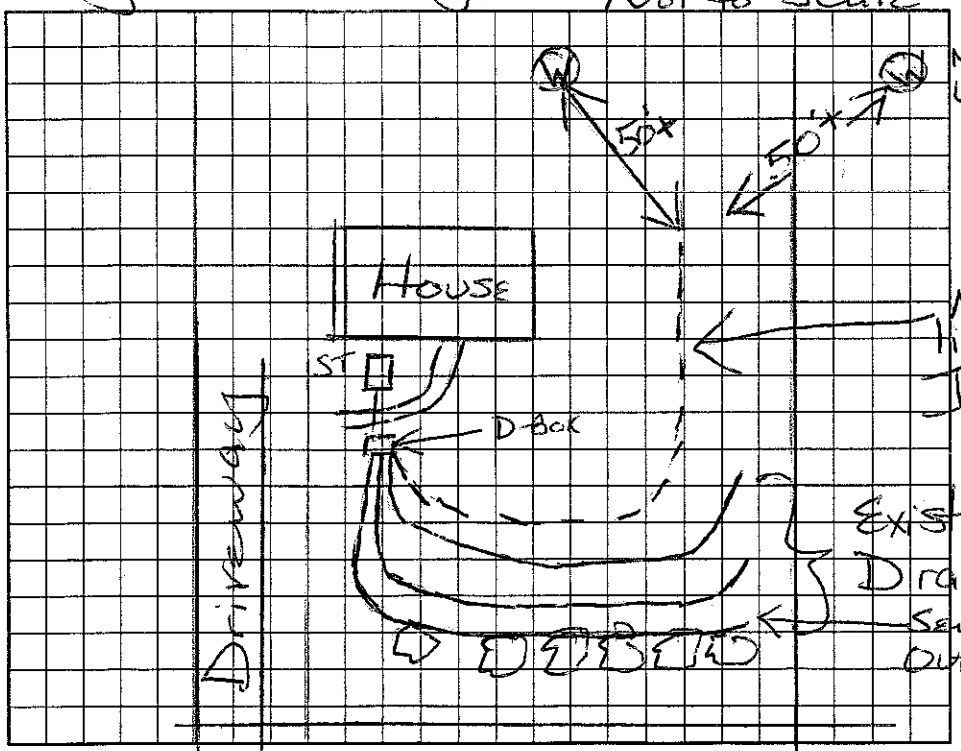
Comments/Conditions: Install 1 drainline 3'X100' & tie into existing Drainfield. Feed New line first.

* Stay 50' from any well

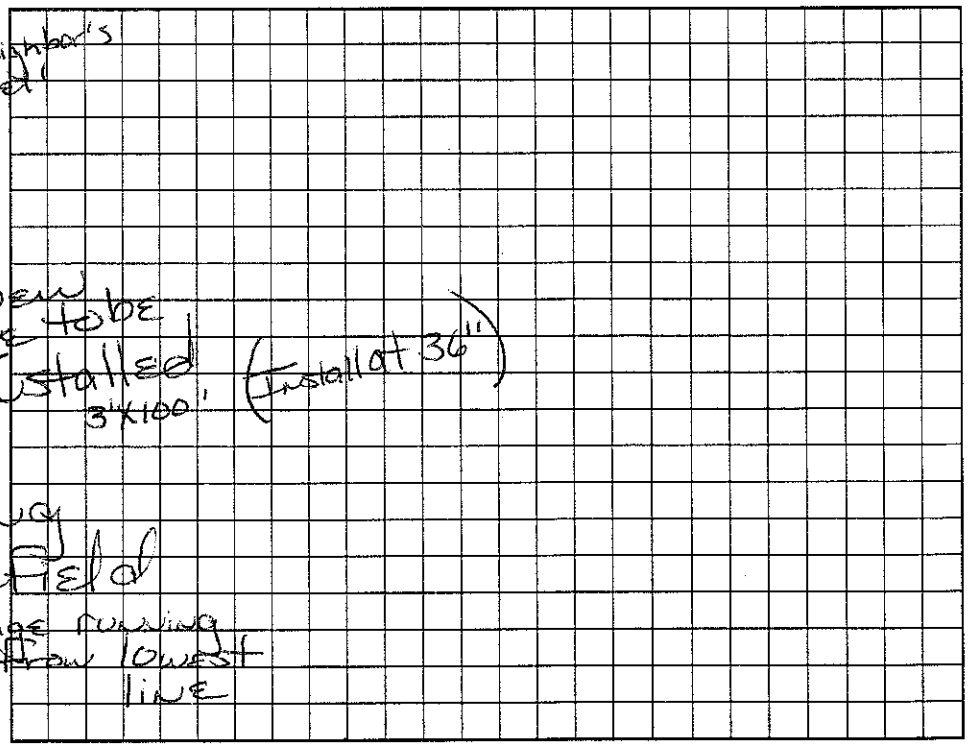
Comments/Conditions: Owner should divert surface/storm water away from drainfield (Including gutter drains)

Septic System installed 86-87

INITIAL SITE SKETCH Not to Scale



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: X William Gordon date 4/01/00 Installed by: Wayne Clontz

Improvement Permit by: Maina H. H. Dotson R.S. date 4/1/00 Operation Permit by: Wesley Sparks R.S. date 11/16/00

Authorization to Construct by: Maina H. H. Dotson R.S. date 4/1/2000 Existing System Inspection by: date

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

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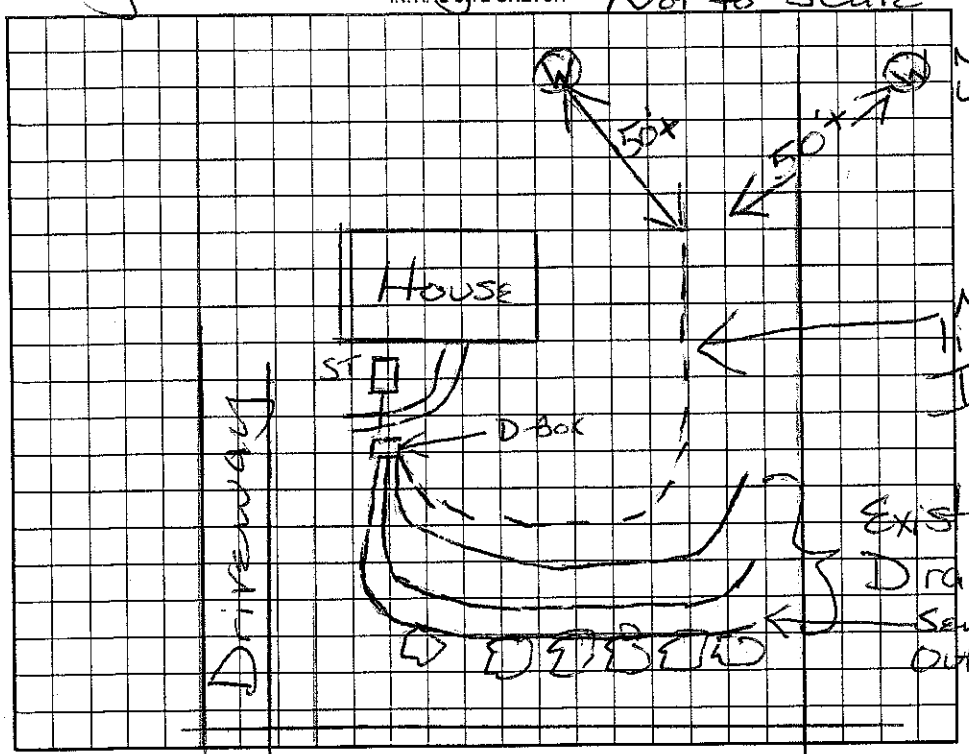
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Signed: X William J Gordon date 4/01/00 Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dotson R.S. date 4/1/00 Operation Permit by: Wesley Sparks R.S. date 11/16/00

Authorization to Construct by: Maria H. Dotson R.S. date 4/1/2000 Existing System Inspection by: _____ date _____

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