IREDELL COUNTY HEALTH DEPARTMENT

...GSVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19106 DATE 8/22/94 TAX MAP NO. 2P-7A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tim Brotherton PHONE: Business 4648 11 3632 Home 664-1394

ADDRESS 129 Big Indian Loop Mooresville, NC. 28115

LOCATION Big Indian Loop, straight TL at sharp curve to 2nd lot on (R) 106 McInnis Rd

SUBDIVISION McInnis Rd. BLOCK / SECTION ____ LOT 2 LOT AREA ~.75Ac SITE CLASS. ____ DESIGN FLOW ____ L.T.A.R. ____

Septic Tank: 1000 Gallons; STB 794 Date 8/15/96

Pump Tank: 1000 Gallons; PT 27 Date 9/12/96

Pump Make: GOULDS Model WE0511H Serial No. F9653697

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet ~210

No Lines 3 Trench Width 24" Max Trench Bottom Depth 28-30" Gravel Depth 6" STAND

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

System Description: 16" PPBS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: 16"
* PPBS DRAINLINES - SET GATE VALVE IN P/T &
GLOBE VALVE IN WASHER BOX - OR PRESSURE MANIFOLD
TIGHT - BE SURE LAKE 115GAL/DOSE - 2" HEAD.

Comments:

INITIAL SITE SKETCH

760 Control

55'
25'
20'
22'
100' SAT
1000 PT
SCH 40 2" PVC
FUTURE REPAIR
85'
70' x 2'
18' CNTR
18' CNTR
10'
10'
GATE VALVE WASHER BOX OR PRESSURE MANIFOLD
R/W
McINNIS RD.

AS BUILT SKETCH

Same as 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: Timothy W. Brotherton

Improvement Permit by: Wesley Sparks RS. date 8/22/94

Existing System Inspection by: ____ date ____

Installed by: FJ ERVIN

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 4/29/97

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