IREDELL COUNTY HEALTH DEPARTMENT

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

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

400-4120

PERMIT# 119399 PIN# 4648988501 Ted Brown - Builder DATE 11-22-04

OWNER OR CONTRACTOR Don Towns PHONE: Business 507-1245 Home 799-7067

ADDRESS 522 River Hwy Mooresville NC 28117

LOCATION Hwy 21 North TL Cornelius Rd TR Olympic Dr TL Sparta 1st lot on left after creek

SUBDIVISION Cornelius Est. BLOCK / SECTION ____ LOT 31 LOT AREA 0.93 Acres SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 10-18-04

Pump Tank: 1500 Gallons; PT 477 Date 10-10-04

Pump Make: Meyers Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump-PM-25% Reduction

Repair System Description: Same (Acreage)

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

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

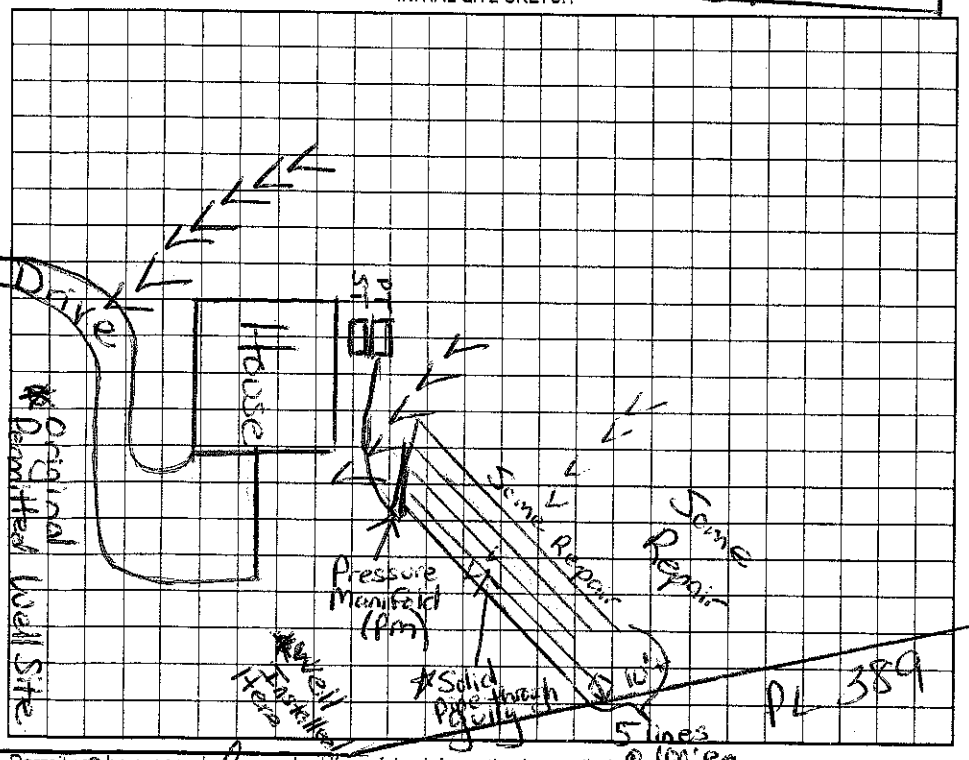
No. Bedrooms 5 No. Bathrooms 3 No. Employees ____

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

Water Supply: X Individual ☐ Public ☐ Community

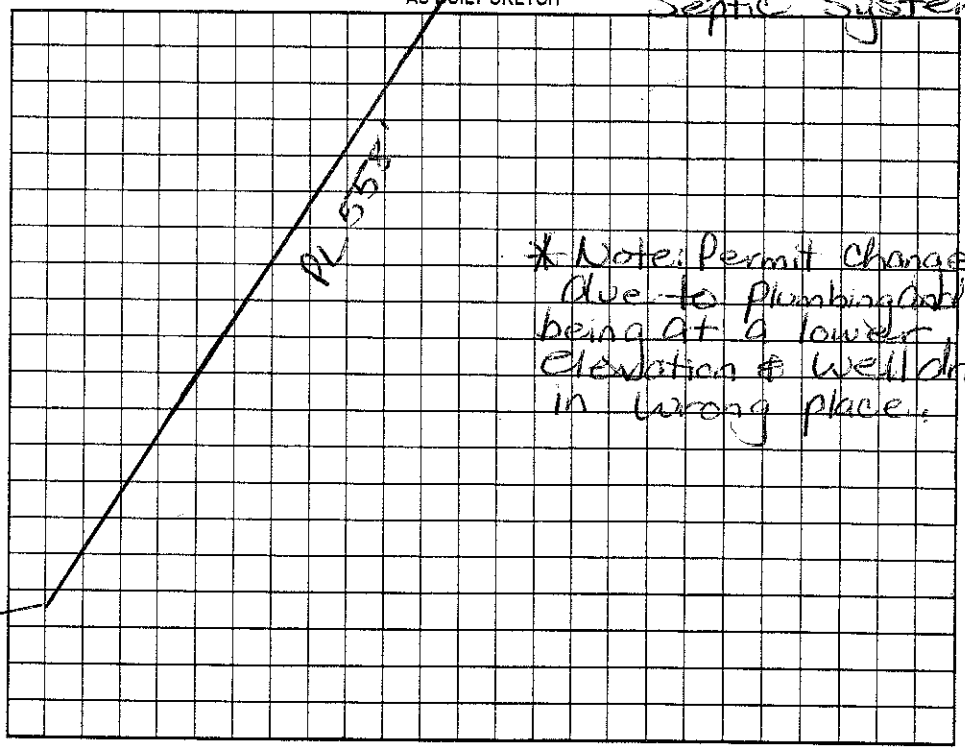
Comments:/Conditions: Keep Septic System at least 10' From PL 100' From well. *Run solid pipe through gully & Continue drainfield on other side. "Properly" fill around pipe. Due to well location

INITIAL SITE SKETCH



Comments:/Conditions: Checked lines 12/8/04 Note: Must "properly" fill gully areas encountered by Septic System.

AS BUILT SKETCH



* Note: Permit changed due to plumbing out ST being at a lower elevation & well drilled in wrong place.

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: ____ date 11/22/04 Installed by: Stanley Septic

Improvement Permit by: Myra Hall Dotson R.S. date 11/22/04 Operation Permit by: Myra Hall Dotson R.S. date 12/8/04

Authorization to Construct by: Myra Hall Dotson R.S. date 11/22/04 Existing System Inspection by: ____ date ____

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