2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# Repair 4656612835 DATE 3/24/03

OWNER OR CONTRACTOR Clyde Swedenburg PHONE: Business 664-9175 Home 664-4653

ADDRESS P.O. Box 1208 Mooresville NC 28115

LOCATION 225 & 223 Mackwood Hwy 115 South TL Mackwood just after Ervin Road Ln

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 40'

No Lines Bed Trench Width ~45' Max Trench Bottom Depth _____

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

System Description: Gravity Convent same

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 24" ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

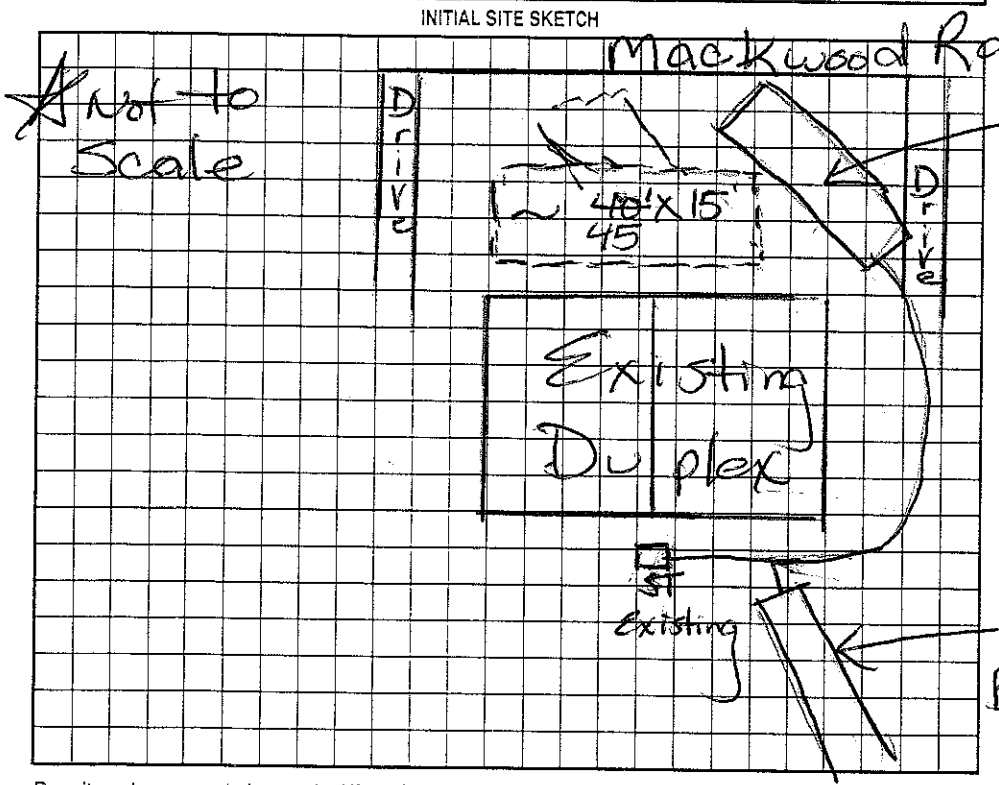
☒ Other Duplex

Water Supply: ☐ Individual ☐ Public ☐ Community

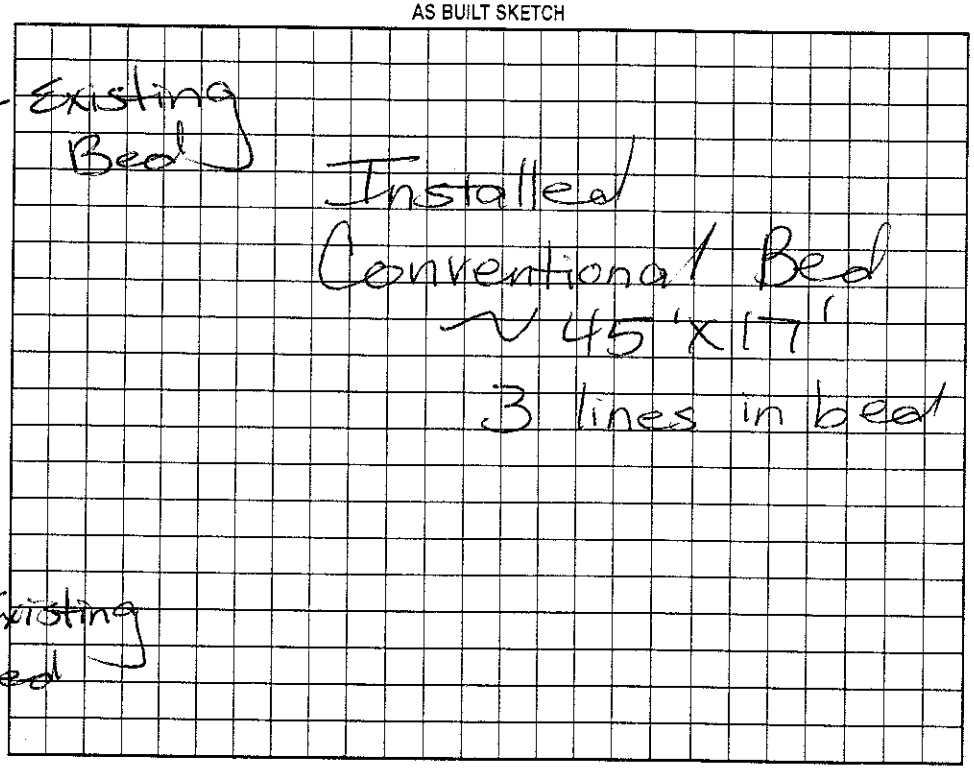
Comments:/Conditions: Install Conventional Bed ~ 40' x 15' – 24" gravel

Comments:/Conditions: Will feed New Drainfield 1st then overflow to Old Field

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: _____ date 3/24/03 Installed by: F.J. Ervin

Improvement Permit by: Maria H. Dotson R.S. date 3/24/03 Operation Permit by Maria H. Dotson R.S. date 3/25/03

Authorization to Construct by: Maria H. Dotson date 3/24/03 Existing System Inspection by: _____ date _____

Repair

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