IREDELL COUNTY HEALTH DEPARTMENT

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

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

1:30

PERMIT# Repair PIN# N/A 4657760130 WK DATE 12-6-04

OWNER OR CONTRACTOR Dawn Brotherton PHONE: Business 1888 249 8457 Home Press 1 394-9406

ADDRESS 470 Rhinehardt Rd Mooresville NC 28115

LOCATION Hwy 150 East TL Rhinehardt Rd on left #470

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 100gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 1007 Date 12-14-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 315 Linear Feet 105

No Lines 3 @ 35' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Gravity - Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business For No. Employees ____

☒ Other Washer & 1 Bath

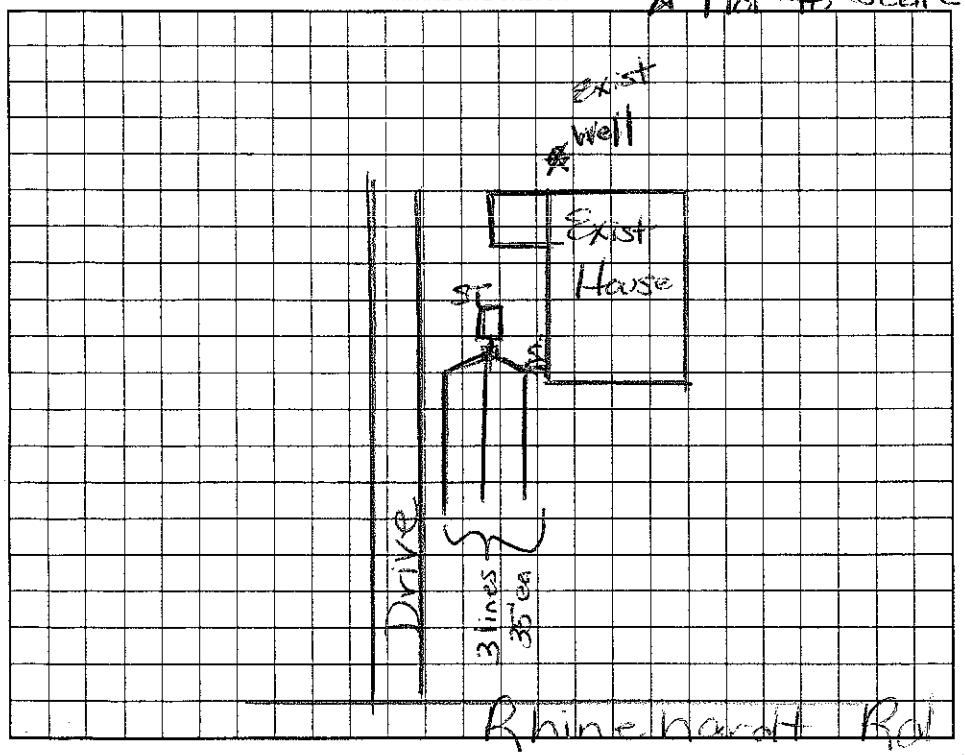
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System 50' to any well & at least 5' off house.

Comments/Conditions:

INITIAL SITE SKETCH ★ Not to Scale



AS BUILT SKETCH

Installed as Drawn

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: Dawn Brotherton date 1-14-05 Installed by: Wayne Glontz RS

Improvement Permit by: Maria H. Dotson RS date 12/6/04 Operation Permit by: Maria H. Dotson RS date 2/8/05

Authorization to Construct by: Maria H. Dotson RS date 12/6/04 Existing System Inspection by: _____ date _____

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