→ Authorization to Construct

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 23615 DATE 5/7/96 TAX MAP NO. 1L-4-66 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Barbara Brown PHONE: Business _____ Home 663-1872

ADDRESS PO Box 44 Mooresville NC 28115

LOCATION Hwy 21 - TR Bailey Rd - TL Evelyn Ln at end

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.5 ac SITE CLASS RS DESIGN FLOW 360 gpd L.T.A.R. 1.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 3/6/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 15"

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

System Description: Gravity Convention

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1.5 No. Employees ____

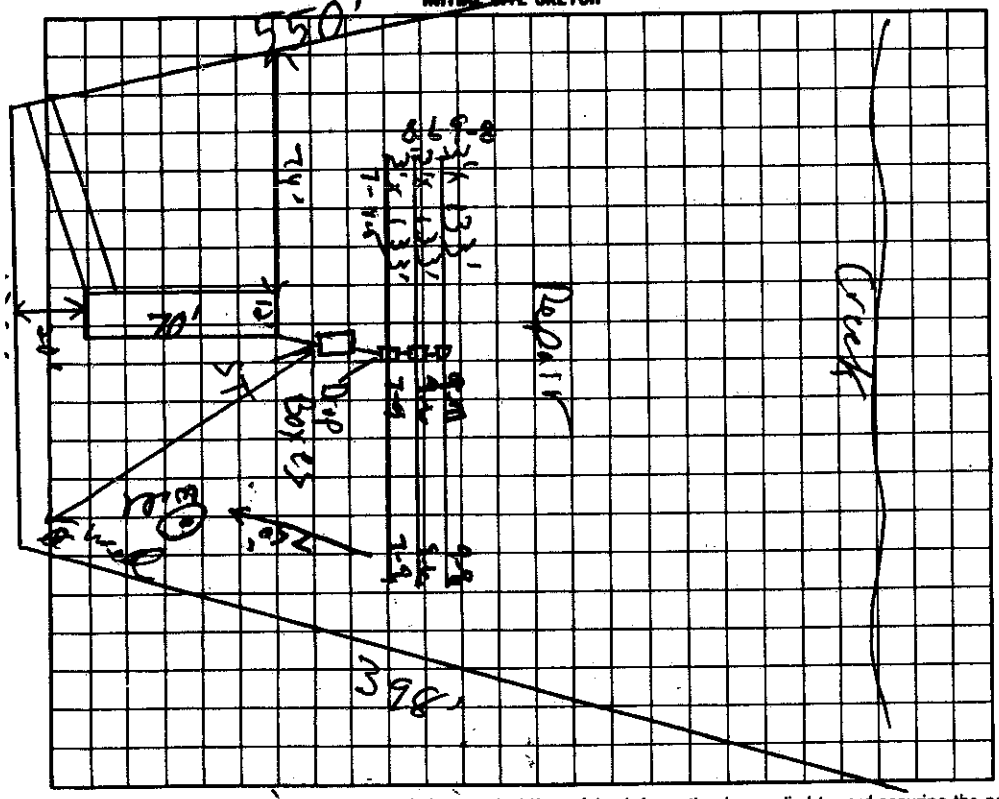
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: installed as shown Auth Const.

INITIAL SITE SKETCH



AS BUILT 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.

Signed: Barbara Brown

Improvement Permit by: C. Ruby Thaxton EHST date 5/7/96

Authorization to Construct ~~Existing System Inspection~~ by: C. Ruby Thaxton EHST date 5/9/96

Installed by: Orbison Const. Co.

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks date 9/10/96

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