IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 130245 PIN# ~~4658932220~~ 4658839166 4658825900 DATE 8-18-05

OWNER OR CONTRACTOR Raymond & June Brown (Debbie Brown) PHONE: Business _____ Home 704-857-6925

ADDRESS 2200 Statesville Hwy

LOCATION 115 N on left just past Mazeppa Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.6 + 9.6 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200
No Lines 5 @ 40' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conventional gravity
Repair System Description: conventional, pump
Maintenance Agreement Required: ☐ Yes ☒ No

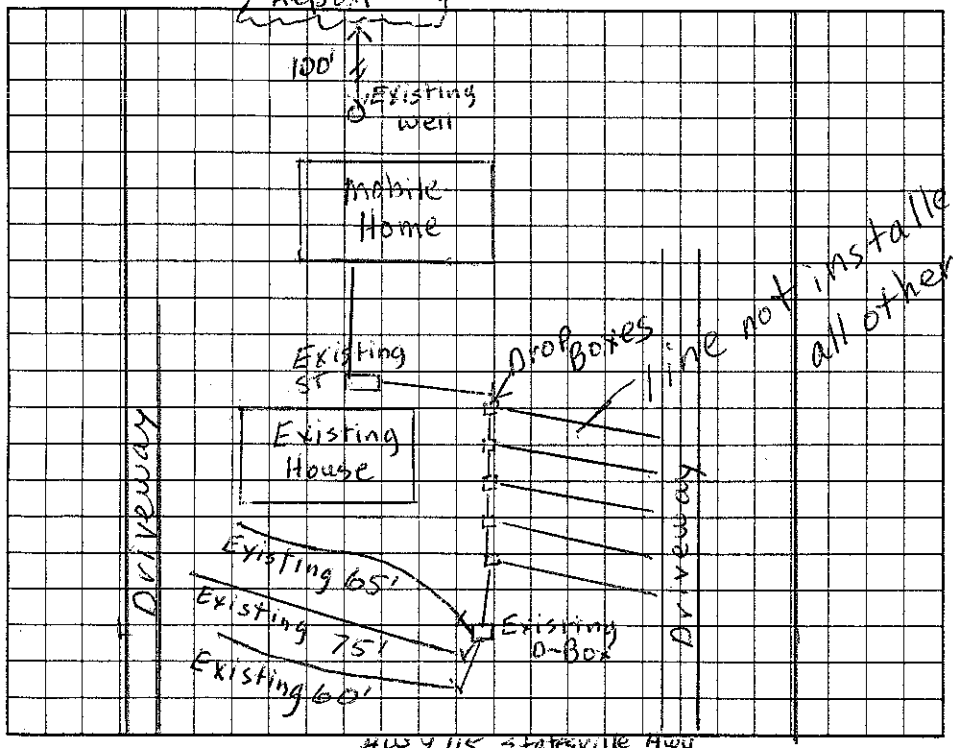
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
Gravel Depth 12" ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: New lines overlap on property pin #4658826967. An accepted system may also be used. A 25% reduction system requires 150 linear feet. Remove maple tree in area of existing system.

Comments:/Conditions: Existing house to be removed. Installed 4 lines @ 50' w/ 4 drop boxes 12" gravel in trenches

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: Debbie Brown date 8-19-05 Installed by: Gerald Tucker Septic

Improvement Permit by: Judy Melville date 8-18-05 Operation Permit by: Judy Melville date 8-22-05

Authorization to Construct by: Judy Melville date 8-18-05 Existing System Inspection by: _____ date _____

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