9:30 - 10:00

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 7279 PIN# 4665372335 Steve Brotherton DATE 2/14/2000

OWNER OR CONTRACTOR Carl Stutts PHONE: Business Pager 559-3328 Home 663-3594

ADDRESS 340 Talbert Rd Mooresville NC

LOCATION 1125 Shearers Rd, 1st past Faith Rd on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT B61 LOT AREA 3.54 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 8-11-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4+100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity-Conventional

Repair System Description: Grav/Pump ~~Conventional~~

Maintenance Agreement Required: ☐ Yes ☐ No Innovative

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

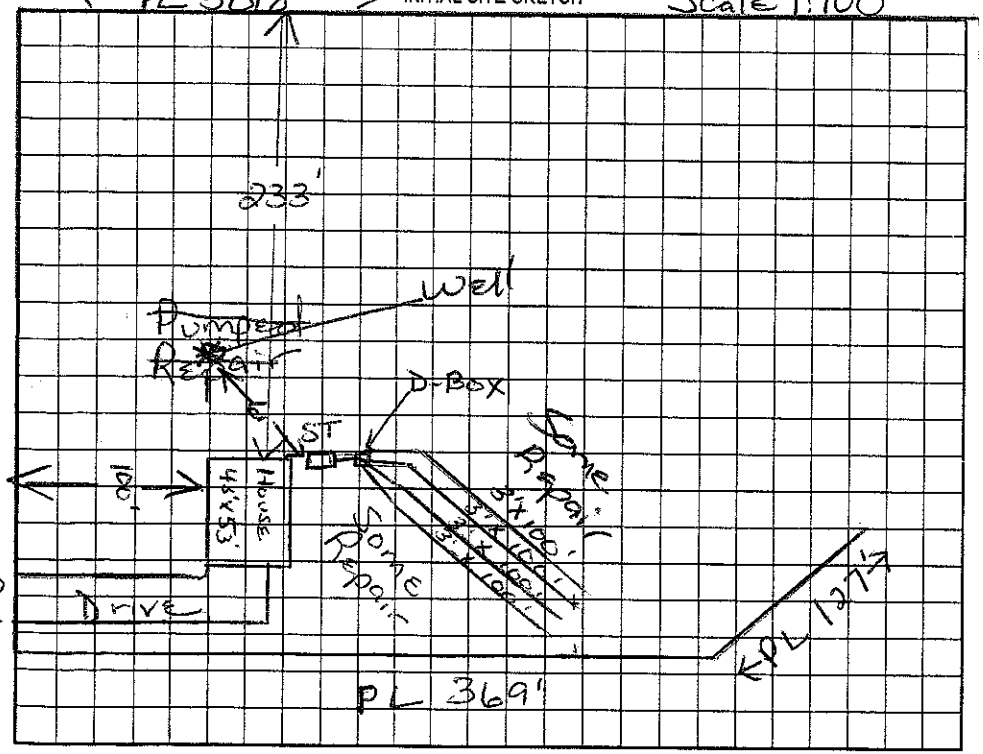
Water Supply: ☒ Individual ☐ ~~Public~~ ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 5' from house

★Divert surface/storm water around & away from Drainfield.

Comments:/Conditions: Well 61' from Septic Tank

INITIAL SITE SKETCH Scale 1:100




AS BUILT SKETCH

Installed as Drawn

Had to Install well, public water wasn't available

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: Steve Brotherton date _____ Installed by: F.J Ervin

Improvement Permit by: Maria H. Dotson RS. date 2/14/2000 Operation Permit by: Maria H. Dotson RS date 9/21/00

Authorization to Construct by: Maria H. Dotson RS date 2/14/2000 Existing System Inspection by: _____ date _____

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