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# 113891 PIN# 4665 51 7858 DATE 7/11/03

OWNER OR CONTRACTOR George Brannan PHONE: Business _____ Home 704-664-1169

ADDRESS 115 Timberview Ln. Mooresville, NC. 28115 / 115 Timberview Ln.

LOCATION Shares 5 to Timberview Jct. NW 3 to 3rd driveway (L)

SUBDIVISION Timberview BLOCK / SECTION 1 LOT 21 LOT AREA .63 SITE CLASS. PS DESIGN FLOW 480 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 2 Square Feet 699 Linear Feet 233

No Lines ~~REPAIR~~ Trench Width 3' Max Trench Bottom Depth 3'

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

System Description: GRAVITY - CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

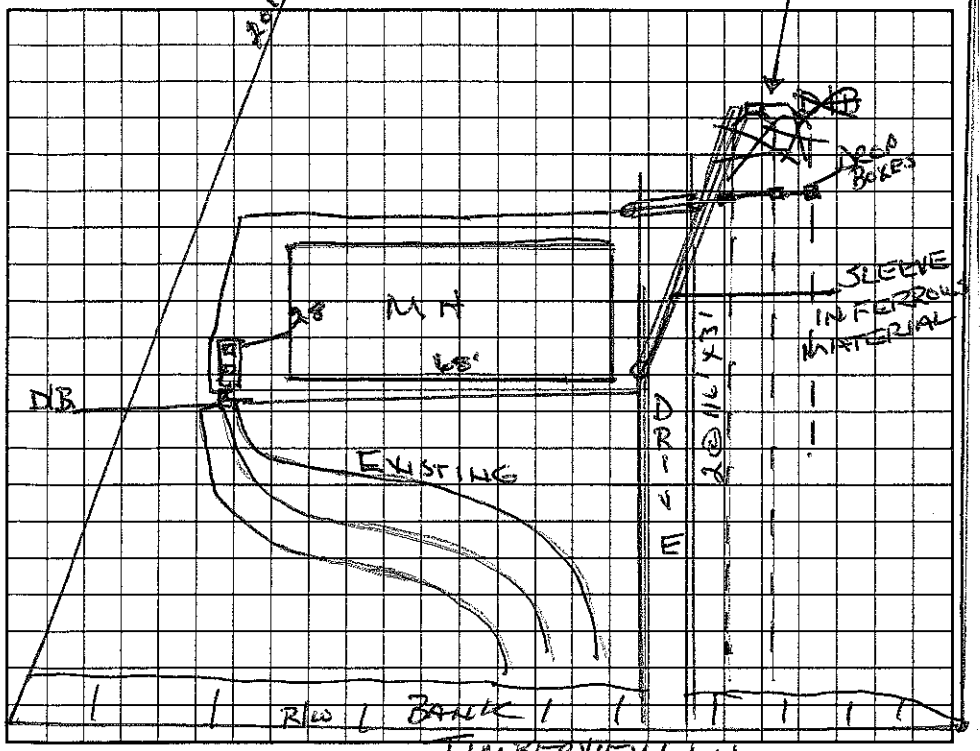
Water Supply: ☒ Individual ☐ Public ☐ Community FATHERS

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 3077.

Comments/Conditions:

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 7/11/03 Installed by: _____

Improvement Permit by: Wesley Sparks RS. date 7/11/03 Operation Permit by: Wesley Sparks RS. date 7/17/03

Authorization to Construct by: Wesley Sparks RS. date 7/11/03 Existing System Inspection by: _____ date _____

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