# IREDELL COUNTY HEALTH DEPARTMENT

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

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

10:30

PERMIT# 110357 PIN# ~~4666-82-4896~~ 4666 82 4896 DATE 12/19/02

OWNER OR CONTRACTOR Mike Brewer PHONE: Business _____ Home 704-663-3384

ADDRESS 328 Elysian Dr. Mooresville NC 28117

LOCATION I365, TR Brewer on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.574c SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB RST825 Date 2-7-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'
No Lines 4@133' 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: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

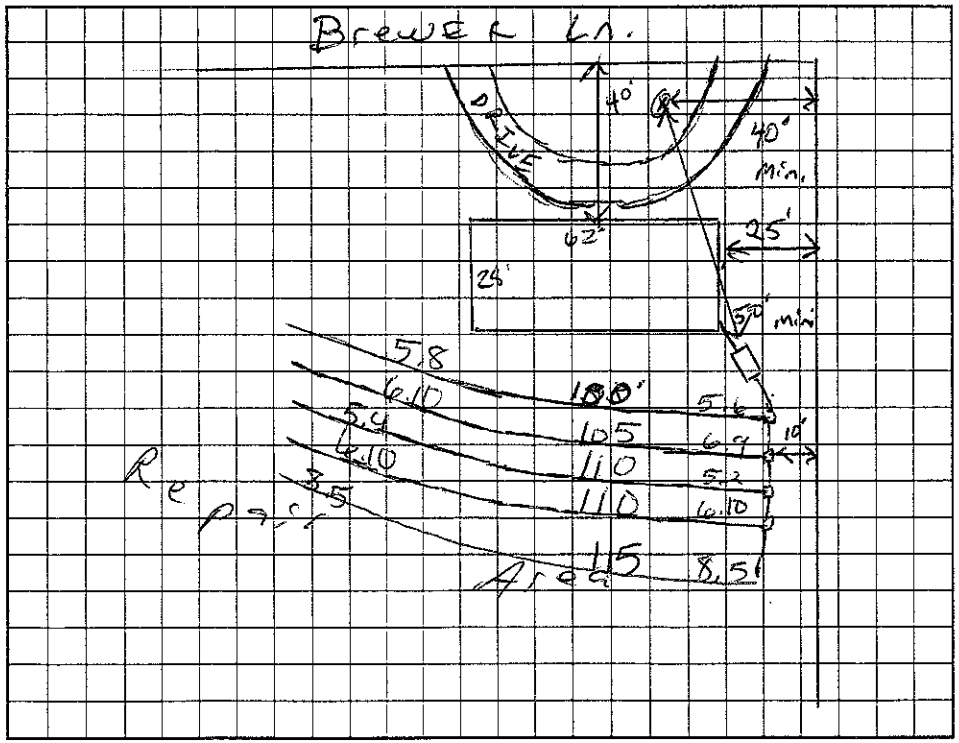
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Blue Polylok filter installed

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed Conventional Drainfield in 5 lines

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 12-31-02 Installed by: Delbert Bostian

Improvement Permit by: _____ RS date 12/19/02 Operation Permit by: Maria H. Dotson RS date 5/14/03

Authorization to Construct by: _____ RS date 12/19/02 Existing System Inspection by: _____ date _____

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