IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30

PERMIT# 7240/89089 PIN# 4677267444

OWNER OR CONTRACTOR Bill Brunker

ADDRESS 147 Wing Haven Ct Mooresville NC 28117 PHONE: Business 662-8012 Home 799-0775 DATE 2-4-2000

LOCATION Main St North TR on Picwyck Dr at end.

SUBDIVISION Picwyck BLOCK / SECTION 1 LOT 15 LOT AREA .92 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-5-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4 at 100' ea 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: Pump Sep-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3-4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

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

Bonus room

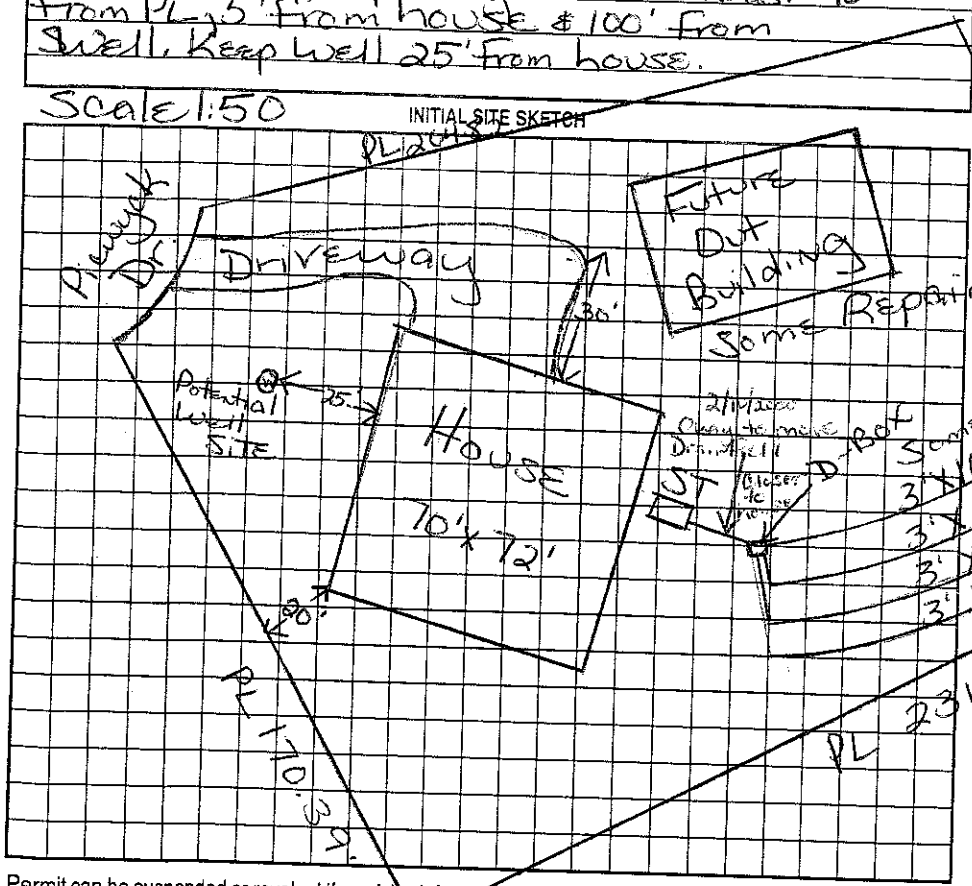
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL, 5' from house & 100' from well. Keep well 25' from house.

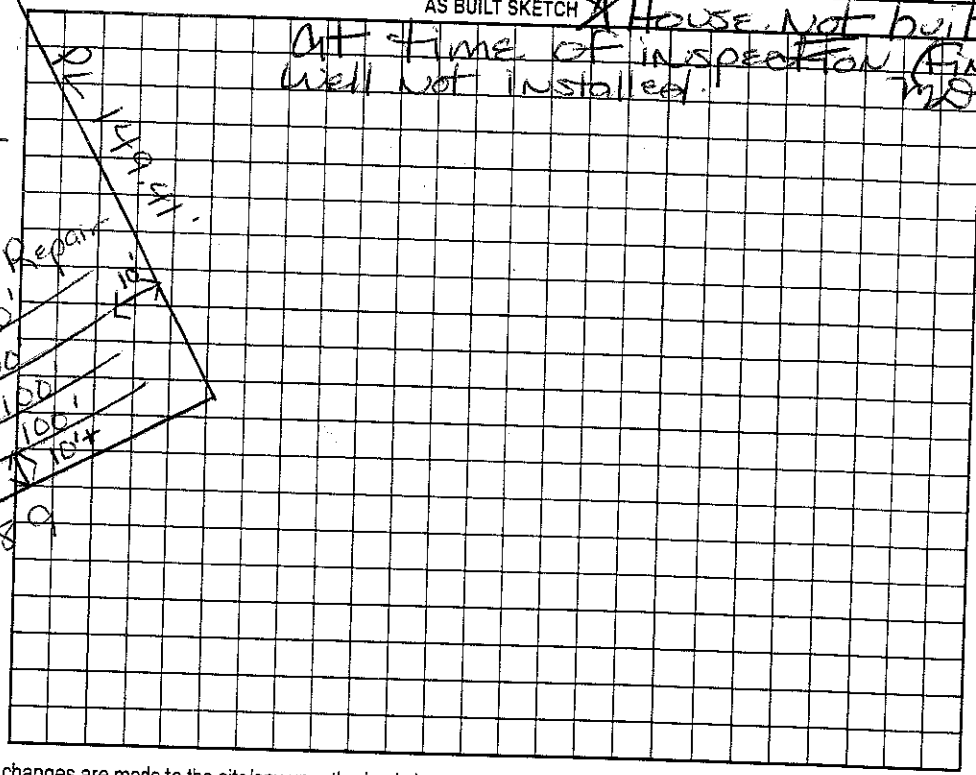
Comments:/Conditions: Note: Plumbing will have to be stubbed out high enough to keep gravity flow from tank to drainfield. (5 Hrs) installed

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH



House Not built at time of inspection (Final 7/20) well not installed.

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 2/10/2000 Installed by: Piedmont Septic Tank

Improvement Permit by: Maria H.H. Dotson RS date 2/4/2000 Operation Permit by: Maria H.H. Dotson RS date 4/5/2000

Authorization to Construct by: Maria H.H. Dotson RS date 2/4/2000 Existing System Inspection by: _____ date _____

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