# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Mooresville 21755 PIN# 4677-~~44-0247~~ 44-0159 DATE 7/18/02

OWNER OR CONTRACTOR Helen Brown PHONE: Business _____ Home 704-665 0469

ADDRESS 133 Brown Ridge Cr. Mooresville NC 28117

LOCATION 150 E, TR Alexander Acres Rd, near end on Lt # 287

SUBDIVISION Caudell Est. BLOCK / SECTION _____ LOT 1 LOT AREA 1.21 AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.035

Septic Tank: 1000 Gallons; STB 825 Date 9/14/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3@115' 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: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

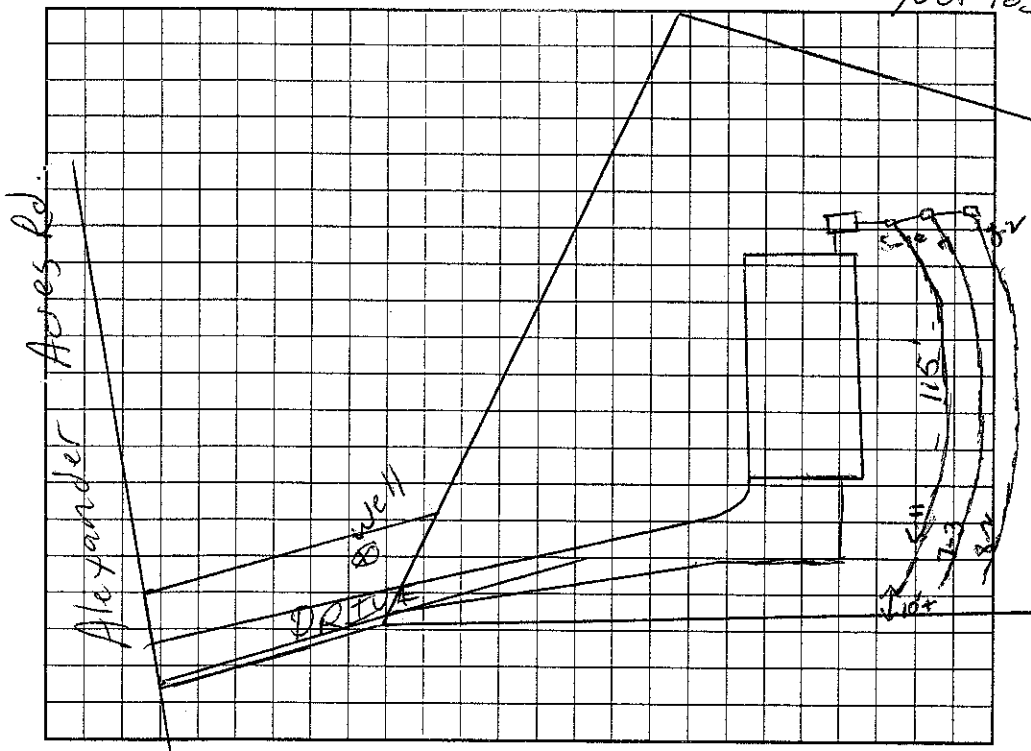
Comments:/Conditions:

Install Drain Field on Contour -
Keep well 100' From Septic System

Comments:/Conditions:

INITIAL SITE SKETCH

NOT To Scale




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: Helen Brown date 7-19-02 Installed by: Kenny Williams

Improvement Permit by: _____ RS date 7/18/02 Operation Permit by: Wesley Sparks RS date 10/18/02

Authorization to Construct by: _____ RS date 7/18/02 Existing System Inspection by: _____ date _____

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