IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 70565 PIN# 4703 38 7581 DATE 2-25-98

OWNER OR CONTRACTOR Donald J Wallace PHONE: Business _____ Home 704 838 0726

ADDRESS 189 Ashley Brook Lane

LOCATION Old Mtn Rd Turn Bultah Church Rd To Mockmill TL Ashley Brook To end Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.46 acres SITE CLASS. BS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 2-28-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 7 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Gravity Chamber

Repair System Description: _____

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

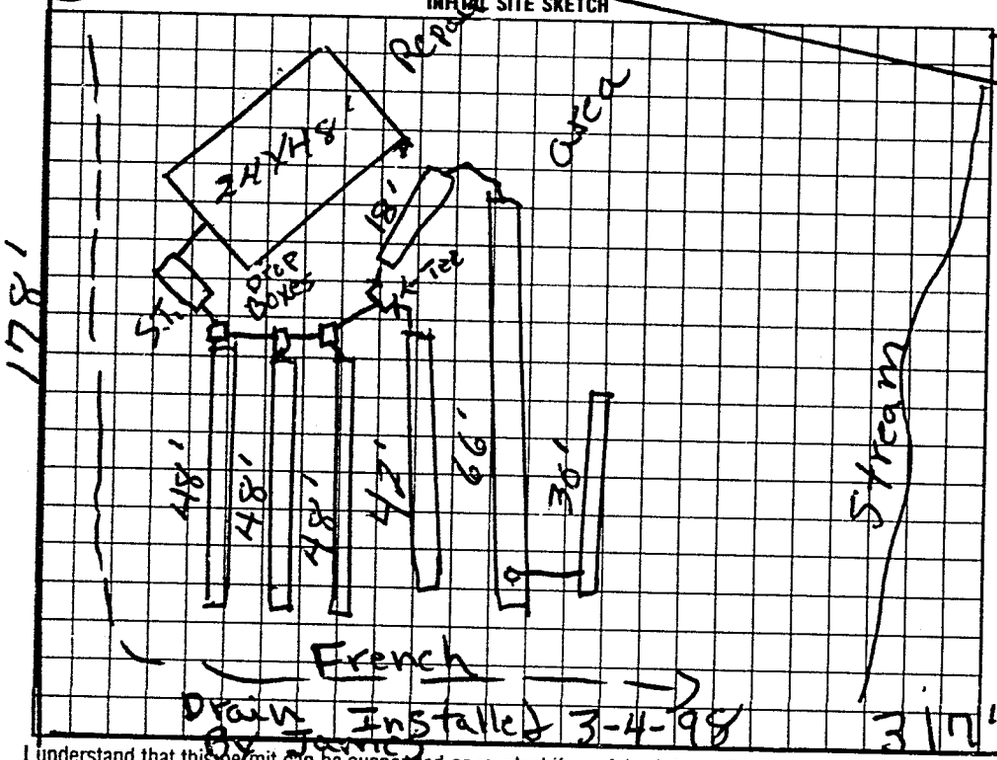
Comments:/Conditions:

Replaces Permit issued 12-12-97 out cropping in Ground water above system make French Drain necessary

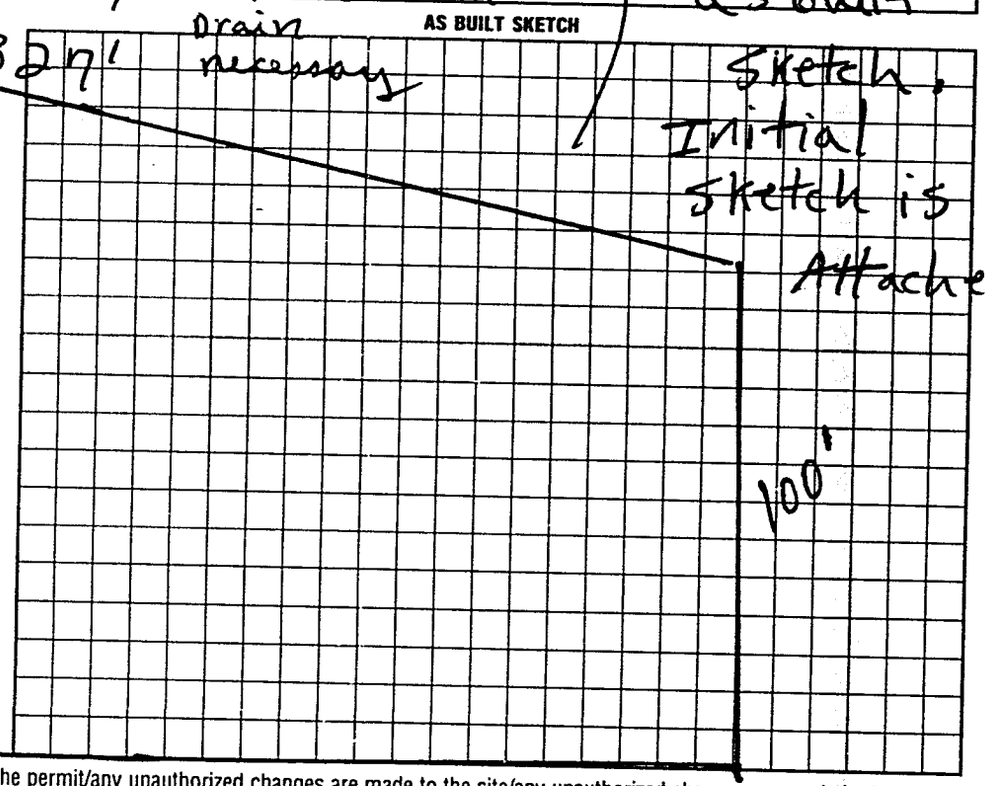
Comments:/Conditions:

This is as built sketch. Initial sketch is Attached

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 _____ Installed by: Shane Jarrett Grading

Improvement Permit by: _____ date _____ Operation Permit by: J. C. Moore date 4-8-98

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

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