# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 066709 DATE 6-3-97 TAX MAP NO. 4716048204 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR TRACY D. BROWN JR PHONE: Business _____ Home (860) 564-7346

ADDRESS 192 ROPER ROAD, MOOSUP, CT 06354

LOCATION NC 115 N TL SCOTTS CREEK RD, TL ROBERTS LANE, TL MOBLEY LANE, LOT ON RIGHT AT END.

SUBDIVISION LARKIN SLOAN BLOCK / SECTION _____ LOT 41 LOT AREA 2.09 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1760 Date 6-14-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

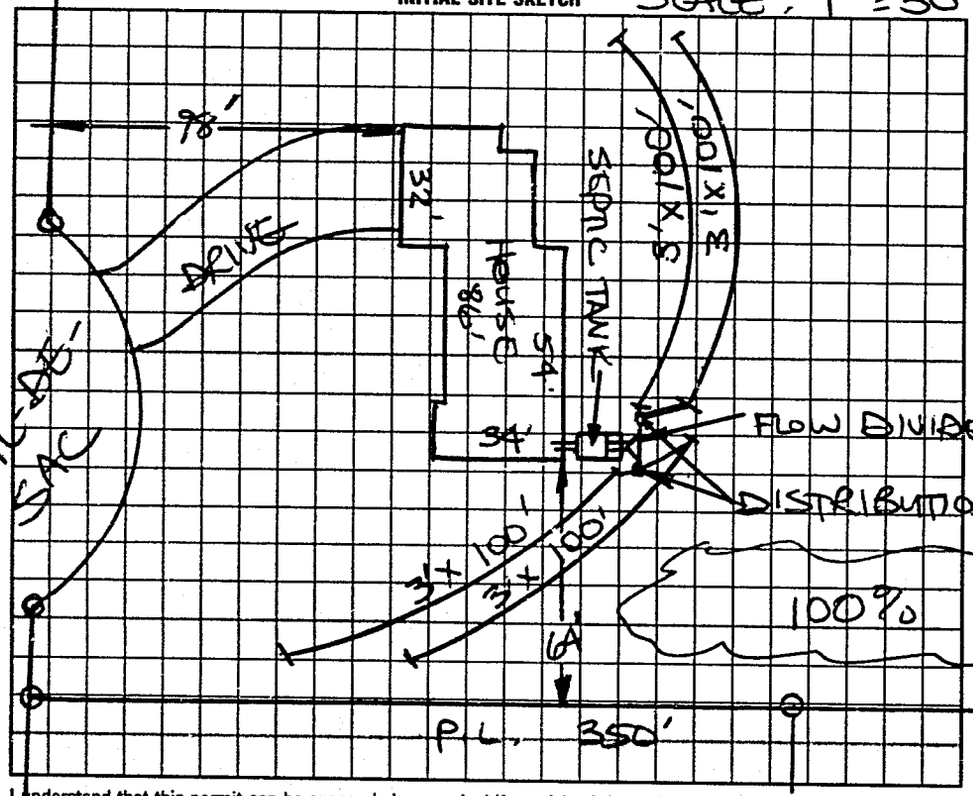
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DISTRIBUTION BOXES FEEDING TWO 100' LINES EACH.

Comments:

INITIAL SITE SKETCH SCALE: 1" = 50'




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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: Bill Ann Brown

Improvement Permit by: STEVE HEDRICK date 6-3-97

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HEDRICK date 6-3-97

~~Certificate of Completion by:~~ _____ date _____

Installed by: Randy Miller (Davie Co)

Operation Permit by: R. C. Moore date 9-3-98

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

ESOO