IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# REPAIR DATE 7/11/00

OWNER OR CONTRACTOR DOLMAN BROWN PHONE: Business _____ Home 336-873-2574

ADDRESS 1805 US HWY 601 N - MOCKSVILLE NC 27028

LOCATION HWY 115 SOUTH - TL ANSLEY HILL - 100 YARDS - TL BESIDE GODFREY LUMBER - JR WALLACE - # 1030 ON RT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 20000 ft² SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. —

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 6@60 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: _____

Repair System Description: GRAVITY 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

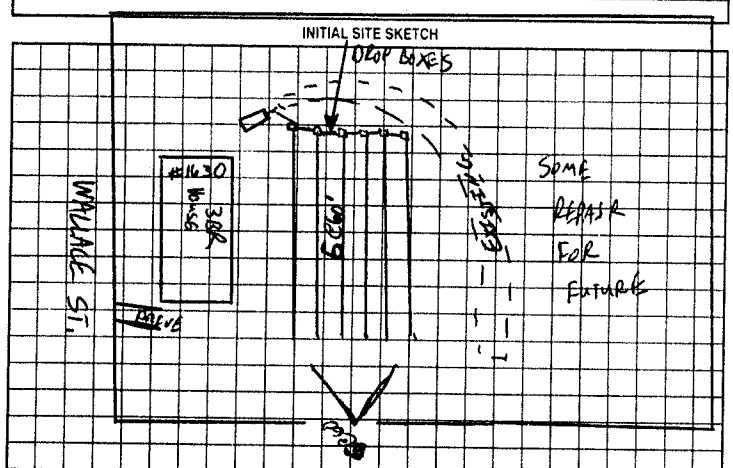
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: 1) CUT OFF OLD SYSTEM 2) REPLACE TEE IN TANK IF NEEDED.

Comments/Conditions: Tank @ Pumped 7-00 Line lenghts vary First line deeper due to Tank depth

INITIAL SITE SKETCH



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: X _____ date 7/11/00

Improvement Permit by: _____ date 7/11/00

Authorization to Construct by: _____ date 7/11/00

Installed by: Dooly Barnes Castle

Operation Permit by: _____ date 7-18-00

Existing System Inspection by: _____ date _____

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