IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094879 PIN# 4751 06 8315

OWNER OR CONTRACTOR SCOTTY BROWN PHONE: Business _____ DATE 3/8/01

ADDRESS 1042 N. MAIN ST. MOORESVILLE, NC 28115 Home (704) 663-4448

LOCATION OSTWALT AMITY, ① PELTCH RD. ② PEAR TREE, 6+- ON ②

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 11 Ac. SITE CLASS PS DESIGN FLOW 240GPD L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 1/14/01

Pump Tank: 1000 Gallons: PT 71 Date 3/7/01

Pump Make: HYDROMATIC Model SHEFSOAL Serial No 12-00

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266'

No Lines 2 Trench Width 3' Max Trench Bottom Depth 18"

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

System Description: PUMP TO CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☑ Other BARN/APT.

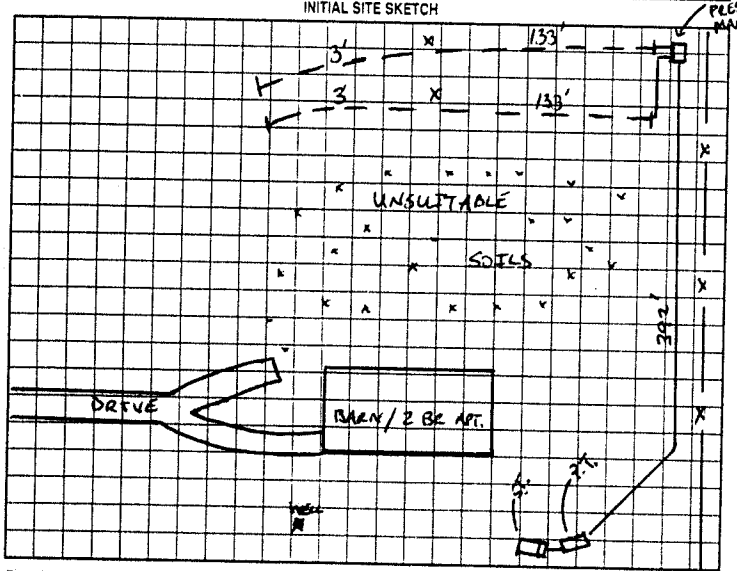
Water Supply: ~~Individual~~ ☐ Public ☐ Community

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN SETBACKS ④ INSTALL DRAINLINES UNIFORM AND ON CONTOUR

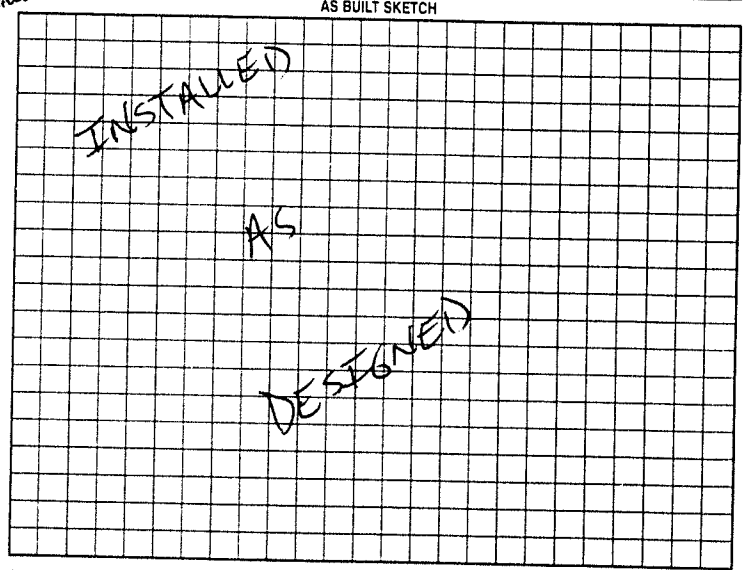
Comments/Conditions: 4/6/01 - DRAINLINES INSTALLED AS DESIGNED. NEEDS PUMP FINAL.

* PUMP SEPTIC TANK EVERY 3-5 YRS.

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: _____ date _____ Installed by: SCOTTIE BROWN

Improvement Permit by: _____ date 3/8/01 Operation Permit by: _____ date 4/11/01

Authorization to Construct by: _____ date 3/8/01 Existing System Inspection by: _____ date _____

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