IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# No - Repair PIN# 4760403271 DATE 5/13/02

OWNER OR CONTRACTOR James Cooke PHONE: Business _____ Home 704-528-4408

ADDRESS 316 Brawley Rd. Cleveland, NC. 27013

LOCATION Springwell Rd to Brawley Rd. X creek approx. 1/2 mile on (L) # 316

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA EXISTING SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: _____

Repair System Description EZ Flow - CH. PLASTIC

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees _____

☐ Other _____

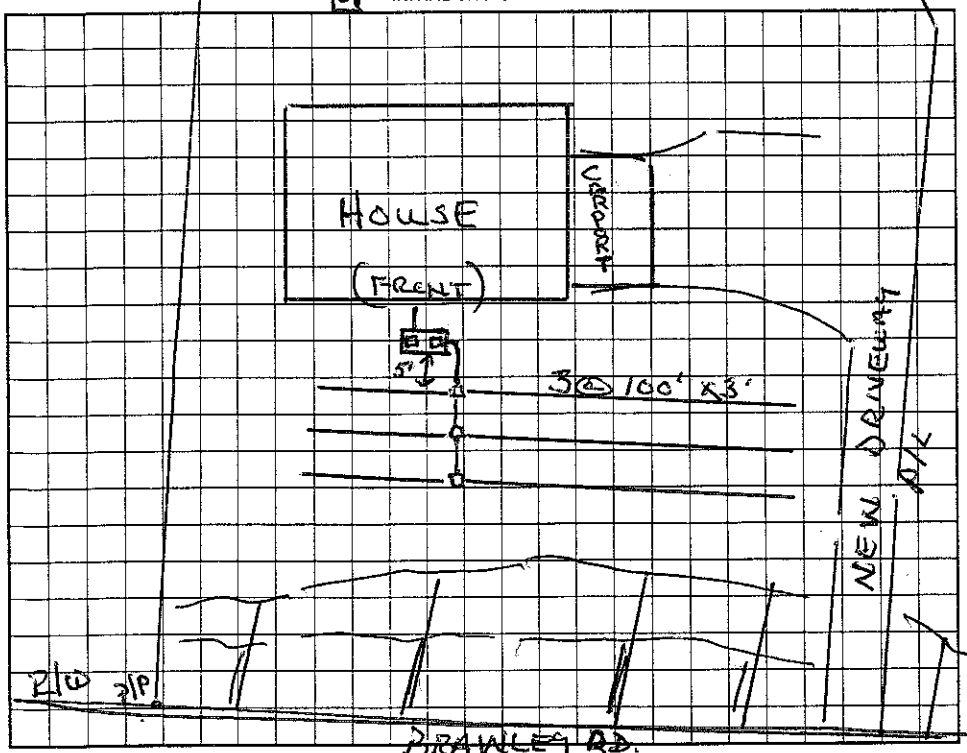
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: * EZ LAY OR CHAM. PLASTIC
* FILTER INSTALLED IN EXISTING SEPTIC TANK

Comments:/Conditions:

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: * James Cooke date _____ Installed by: Shawn Hill

Improvement Permit by: Wesley Sparks RS. date 5/13/02 Operation Permit by: Wesley Sparks RS. date 5/20/02

Authorization to Construct by: Wesley Sparks RS. date 5/13/02 Existing System Inspection by: _____ date _____

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