IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 31881 PIN# 4778206673 DATE 9-11-08

OWNER OR APPLICANT Ray & Cynthia Branscom PHONE: Business _____ Home _____

ADDRESS 929 Old Thomas Ferry Rd Mocksville NC 27028

LOCATION Old Mocksville RD @ Old Thomas RD Turn at 929 on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2ac SITE CLASS. R5 DESIGN FLOW 450 L.T.A.R. .5

Septic Tank: 1000 Gallons; ST# 7600 Date 5-23-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 960 Linear Feet 320

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12 ☐ Gravity ☐ Pressure

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

System Description: Conventional / Gravity

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

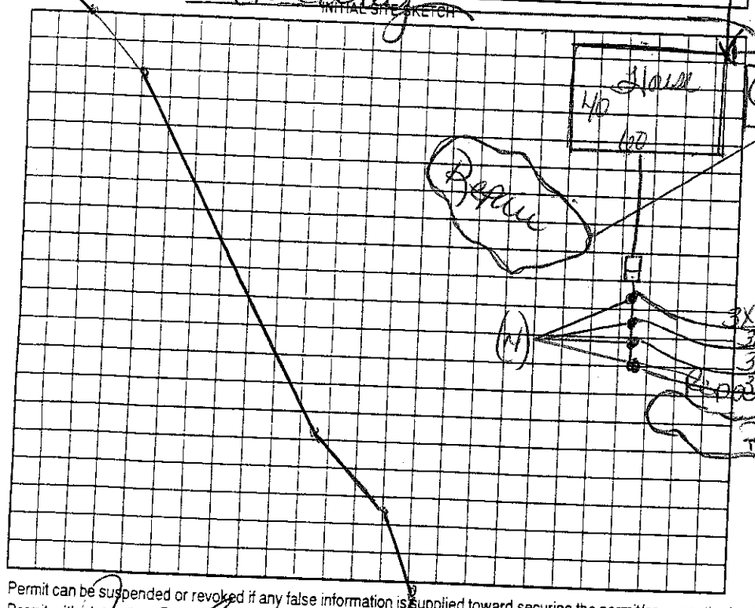
30 lf walk to Steve Hedrick 5-1-04

Dr Trenching

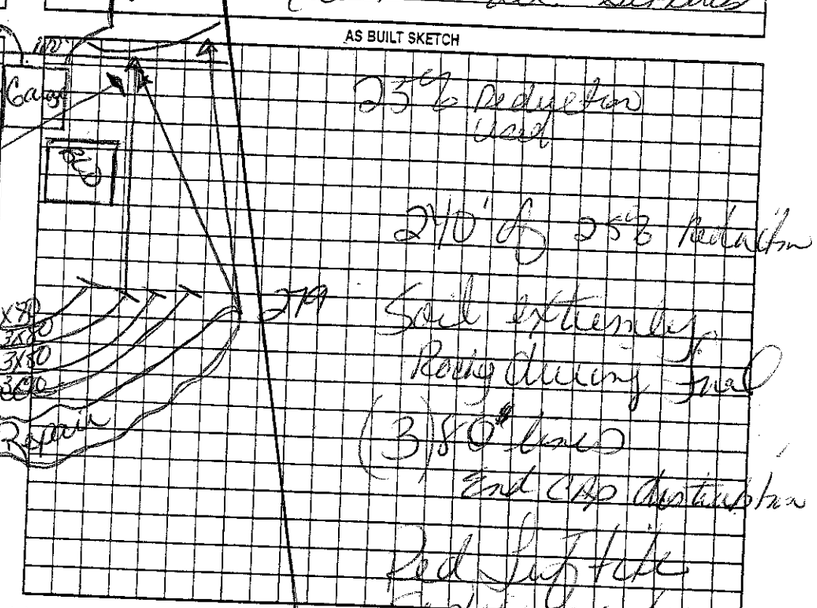
Comments:/Conditions:

Will Need to Install - Contact Maintain all setbacks

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 9-12-08

Improvement Permit by: _____ date 9-11-08

Authorization to Construct by: _____ date 9-11-08

Installed by: Brent Calhoun

Operation Permit by: _____ date 9-25-08

Existing System Inspection by: _____ date _____

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