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# 4798 21 4798 DATE 5-30-01

OWNER OR CONTRACTOR ROBIN BROCK PHONE: Business (336) 492-7148 Home (704) 546-5772

ADDRESS 3793 Hwy 64 W, MOCKSVILLE, NC 27028

LOCATION OLD MOCKSVILLE ROAD, TR SOCIETY CH. RD, TR G & R DRIVE, 1ST MOBILE HOME ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ACREAGE SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

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

☑ New System ☑ Repair System Type: I ☒ III. IV. V. VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

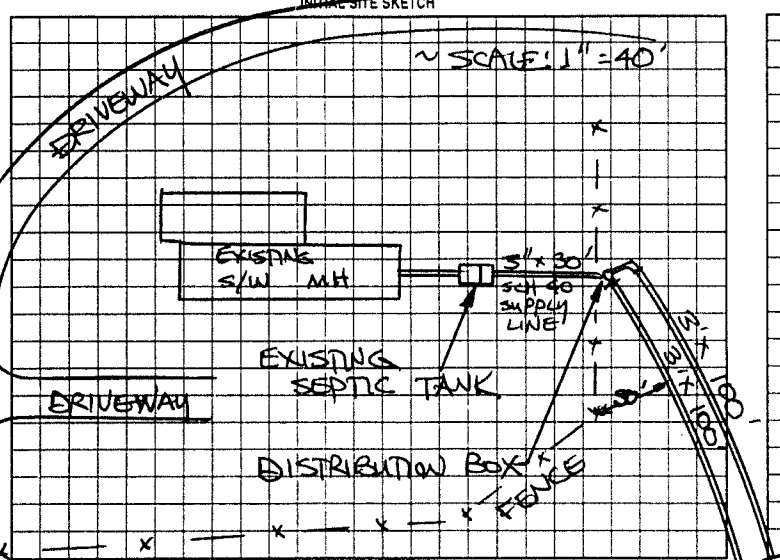
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: INSTALL NEW DISTRIBUTION BOX AT LOCATION SHOWN, FEEDING TWO NEW 3' X 100' LINES ON CONTOUR AS SHOWN.

Comments/Conditions: NEW SANITARY TEE INSTALLED IN SEPTIC TANK

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Robin Brock date 5/30/01 Installed by: LARRY POWELL

Improvement Permit by: STEVE HEDRICK date 5-30-01 Operation Permit by: STEVE HEDRICK date 8-7-01

Authorization to Construct by: STEVE HEDRICK date 5-30-01 Existing System Inspection by: _____ date _____

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