IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129777 PIN# 4821-42-8594 520479 DATE 7-22-05

OWNER OR CONTRACTOR Thomas Murph PHONE: Business _____ Home 704-662-6931

ADDRESS 538 Walnut Street Mooresville NC 28115

LOCATION 115 N @ Bruce Farm RD 173 Bruce Farm RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3 gpd

Septic Tank: 1000 Gallons; STB _____ Date 12-4-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1260 Linear Feet 420

No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12

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

System Description: Conventional Gravity

Repair System Description: Pump to GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

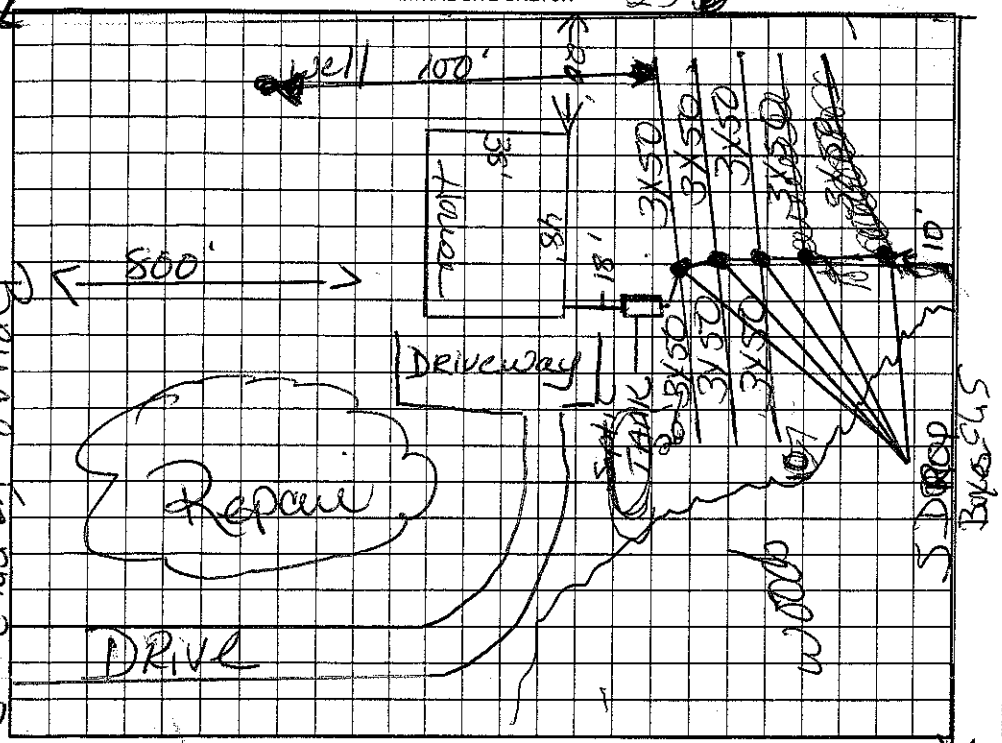
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☐ Community

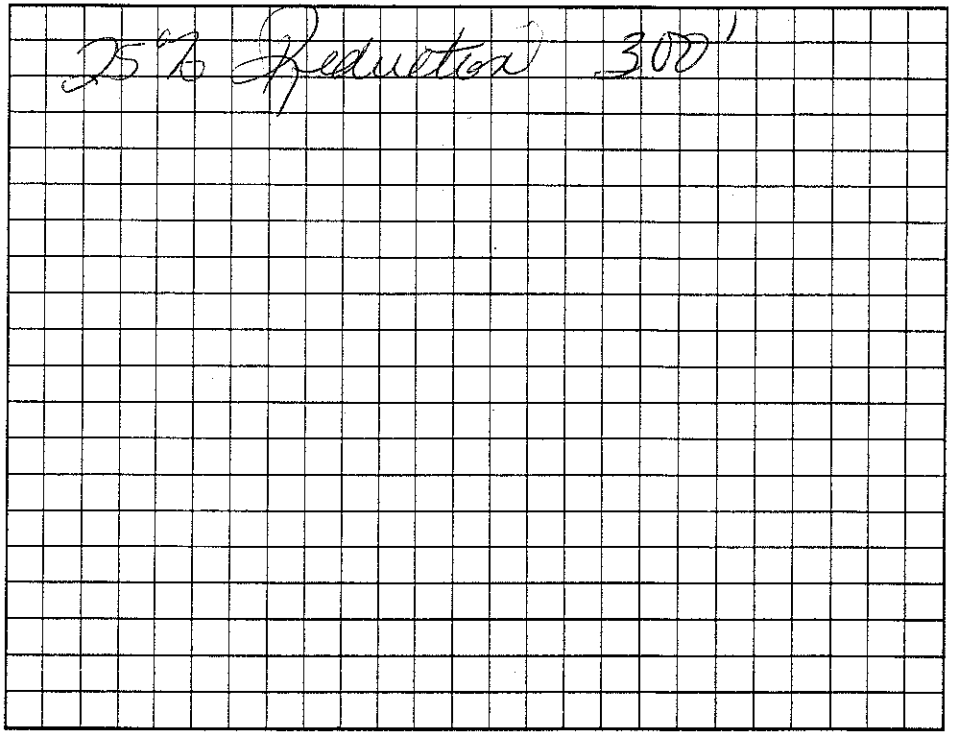
Comments:/Conditions: Insure Basement Drain is drained away from septic system
Install lines on contour (1"=50')

Comments:/Conditions:
Accepted system may also be used Black Label Infiltrator septic chambers

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: Richard Abernathy

Improvement Permit by: Kelly Cook date 7-22-05 Operation Permit by: Kelly Cook date 3-30-06

Authorization to Construct by: Kelly Cook date 7-22-05 Existing System Inspection by: _____ date _____

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