IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146425 PIN# 4624341824.000 DATE 11/13/07

OWNER OR APPLICANT Brian Jones EPIC Builders PHONE: Business 980 253-3752 Home 704 658-1059

ADDRESS 123 Courtney Ln. Mooresville NC 28117

LOCATION Brawley School Rd. TL at Washam Rd 2nd Lot on Left

SUBDIVISION Washam Pt. BLOCK / SECTION ____ LOT 2 LOT AREA 1.143 ac SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 338/1500 Date 12-25-09

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 1500 Linear Feet 500'

No Lines 50@10' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

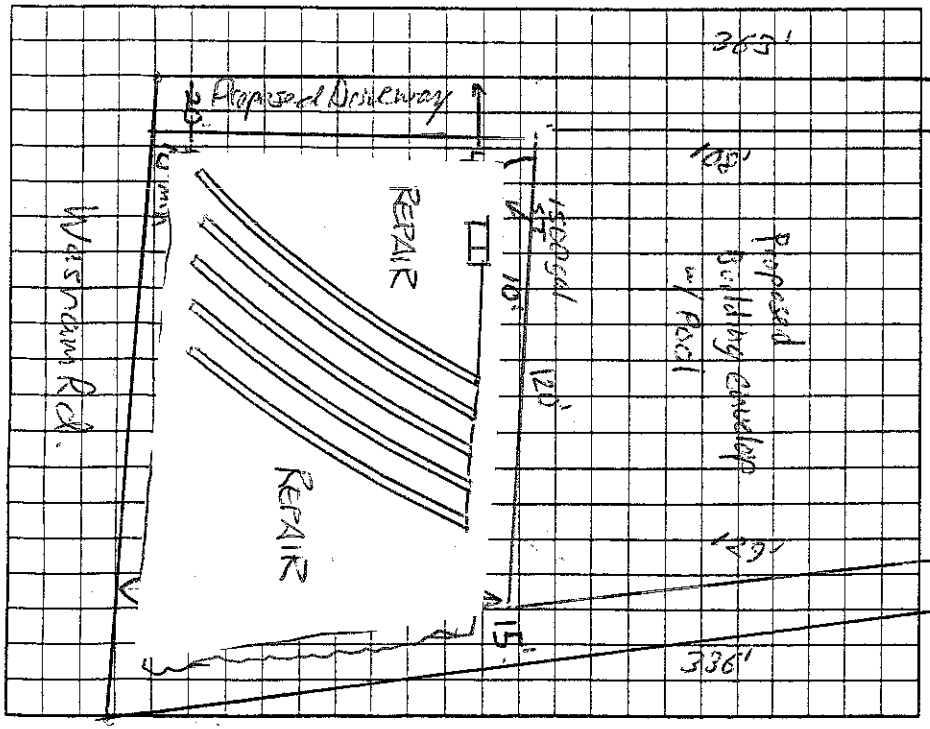
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

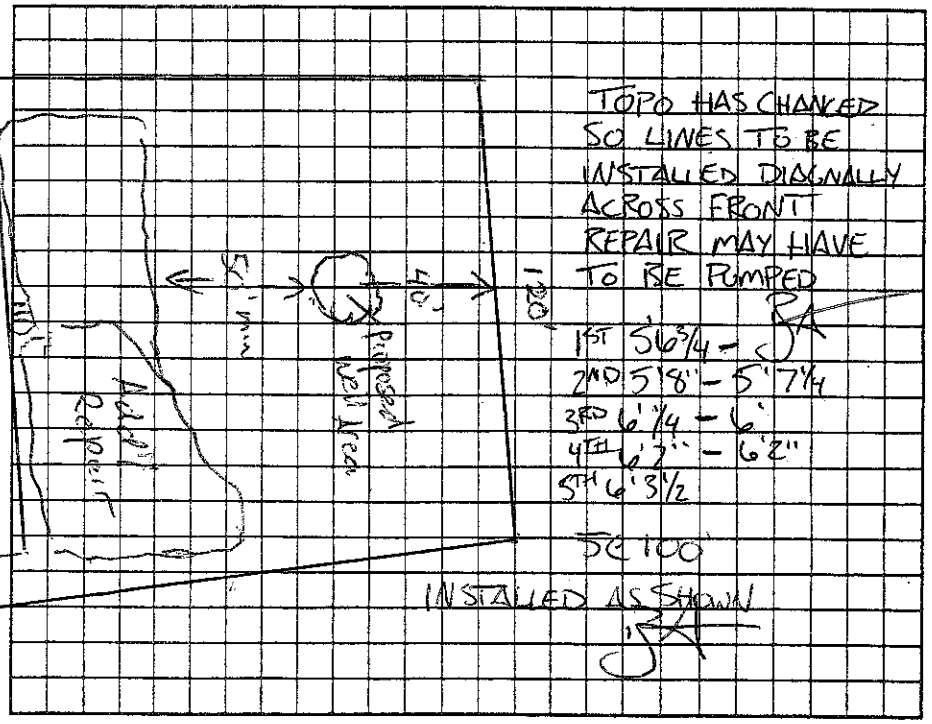
Comments/Conditions: Install 1500 gal septic tank.

Comments/Conditions: 12/3/09 Reviewed floor plans & site plan in compliance with original permit.

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: Ellen B. Jones date 11/14/07 Installed by: R+H

Improvement Permit by: Anthony Coker RS date 11/13/07 Operation Permit by: RS date 3-5-10

Authorization to Construct by: RS date 12/3/09 Existing System Inspection by: ____ date ____

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