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# 4625-19-9644

OWNER OR CONTRACTOR Keith Bishop PHONE: Business Home DATE 2/7/03

ADDRESS 128 Cedar Bluff Ln. Mooresville NC 28117

LOCATION Brawley Sch, TR Bay Harbour, TR Shipyard Pt, TL Cedar Bluff on Rt Near End

SUBDIVISION Harbor BLOCK / SECTION 6 LOT 33 LOT AREA 27,850 ft² SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: Existing Gallons: STB Date

Pump Tank: Existing Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267

No Lines 4@67' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Press. Man. 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 3.5 No. Employees

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

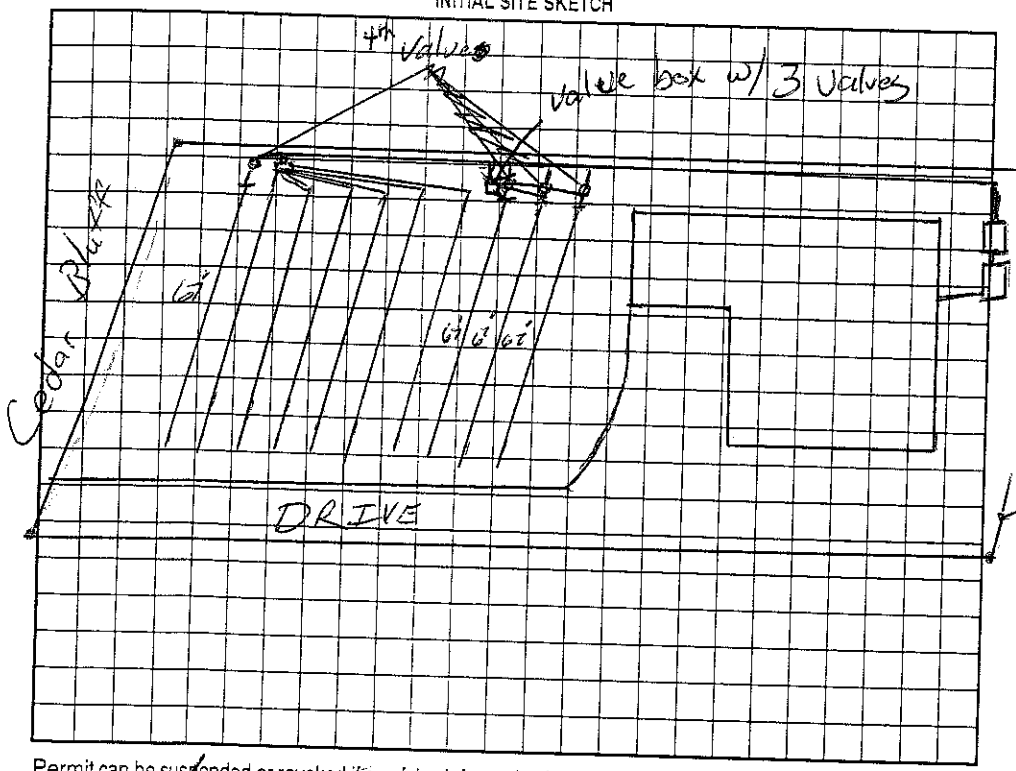
Original system was plumbed wrong From the house and pump solids to the drain Field for approx. 4 months.

Comments:/Conditions:

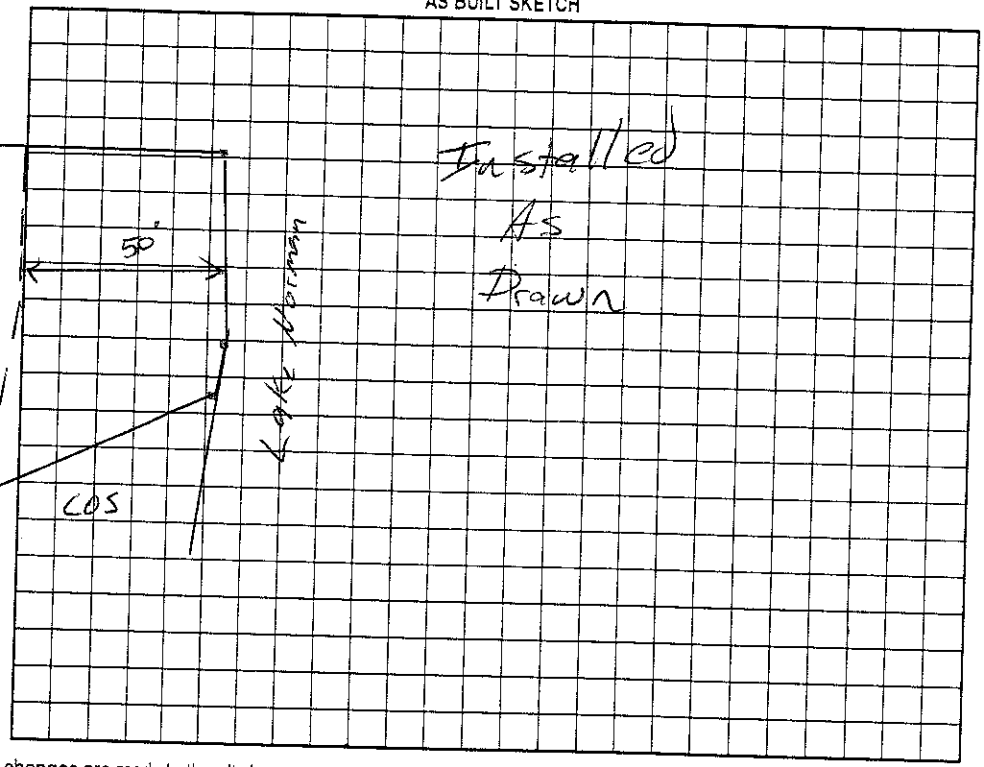
Health Dept. recommends irrigation to be remove From drain Field Area.

3/32" holes

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 3-12-03

Improvement Permit by: RS date 2/7/03

Authorization to Construct by: RS date 2/7/03

Installed by: Orbison

Operation Permit by: RS date 4/24/03

Existing System Inspection by: date

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