IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135401 PIN# 462 5802290 DATE 5-17-07

OWNER OR APPLICANT Dennis Hendrix PHONE: Business _____ Home _____

ADDRESS 234 Academy St Mooresville 28115

LOCATION Brawley School Rd TL Yacht Rd TR Baybreeze at end

SUBDIVISION Yacht Shores BLOCK / SECTION 2 LOT 12 LOT AREA 1.047 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. 3gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 10-30-07

Pump Tank: 1000 Gallons; PT 27 Date 10-29-07

Pump Make: Goulds Model WE0512 Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: 25% reduction pm

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

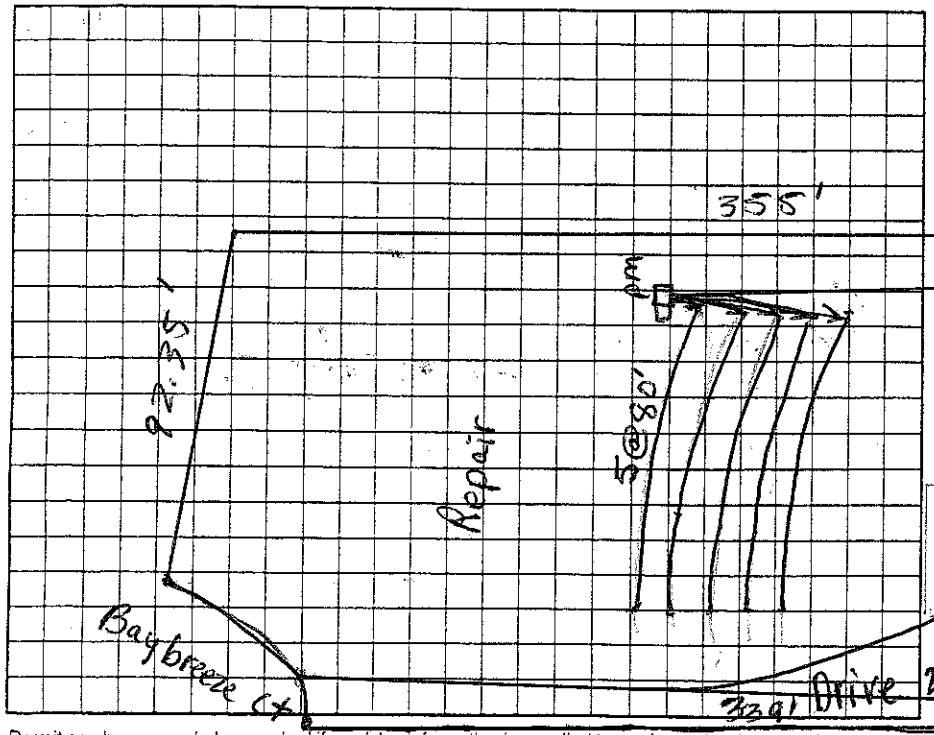
Comments:/Conditions:

ST 50' from wells

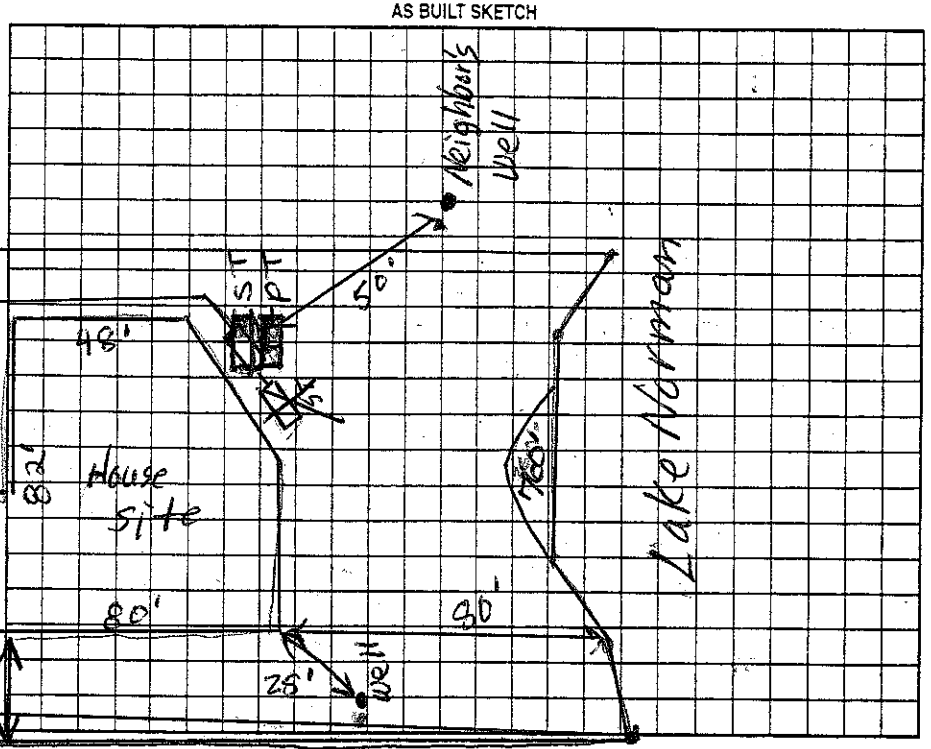
Comments:/Conditions: 12/5/07 Checked tanks & lines Installed Quick 4

1"=50'

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: Hendrix date 5/17/07 Installed by: Curt Dunning

Improvement Permit by: Judy Merrill date 5-17-07 Operation Permit by: Wendy Hankins date 2/18/08

Authorization to Construct by: Judy Merrill date 5-17-07 Existing System Inspection by: _____ date _____

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