IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130342 PIN# 4625823567. 1379 4625-82-0951 DATE 11-7-06

OWNER OR APPLICANT Tom Stevenson PHONE: Business _____ Home _____

ADDRESS 570 Williamson Rd Mooresville NC 28117

LOCATION Brawley School Rd TL Chesterwood Ct 2nd lot on left

SUBDIVISION Point BLOCK / SECTION 13 LOT 1379 LOT AREA .832 SITE CLASS. PS DESIGN FLOW 480gpd T.A.R. .3

Septic Tank: 1000t Gallons; STB 338 Date 8-25-06
Pump Tank: ~~1000~~ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1206' Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI
System Description: Gravity-25% Reduction
Repair System Description: Pump-Panel Block
Maintenance Agreement Required: [ ] Yes [X] No Not Initially
Gravel Depth N/A [X] Gravity [ ] Pressure

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Persons ____
[ ] Business No. Employees ____
[ ] Other _____

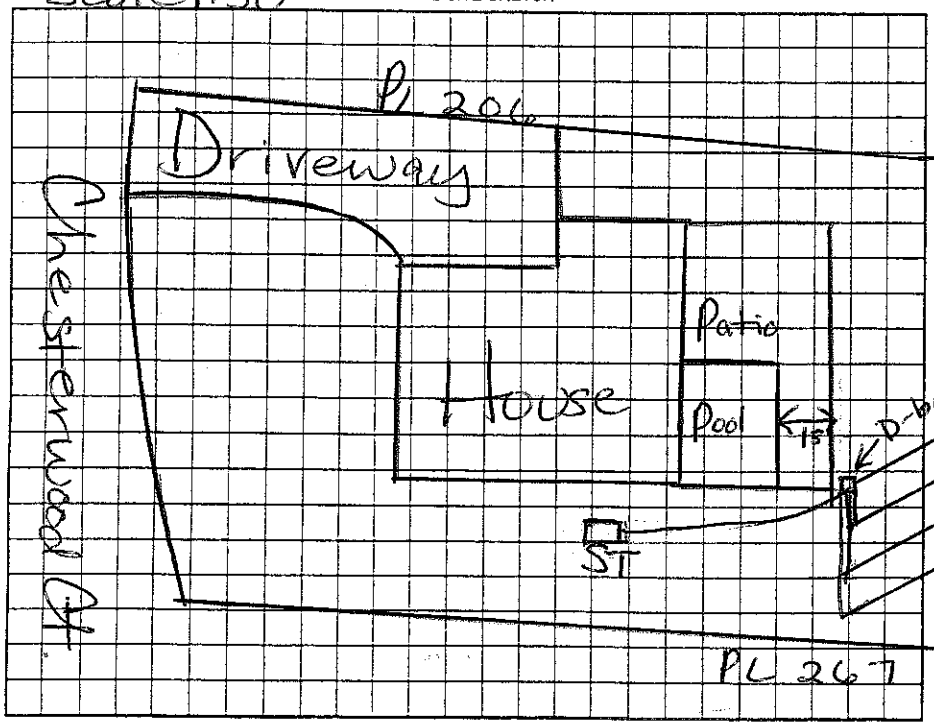
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [X] Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 15ft from pool cut. Septic System (Tank & lines) must be 10' downslope of basement & 15ft sideslope.

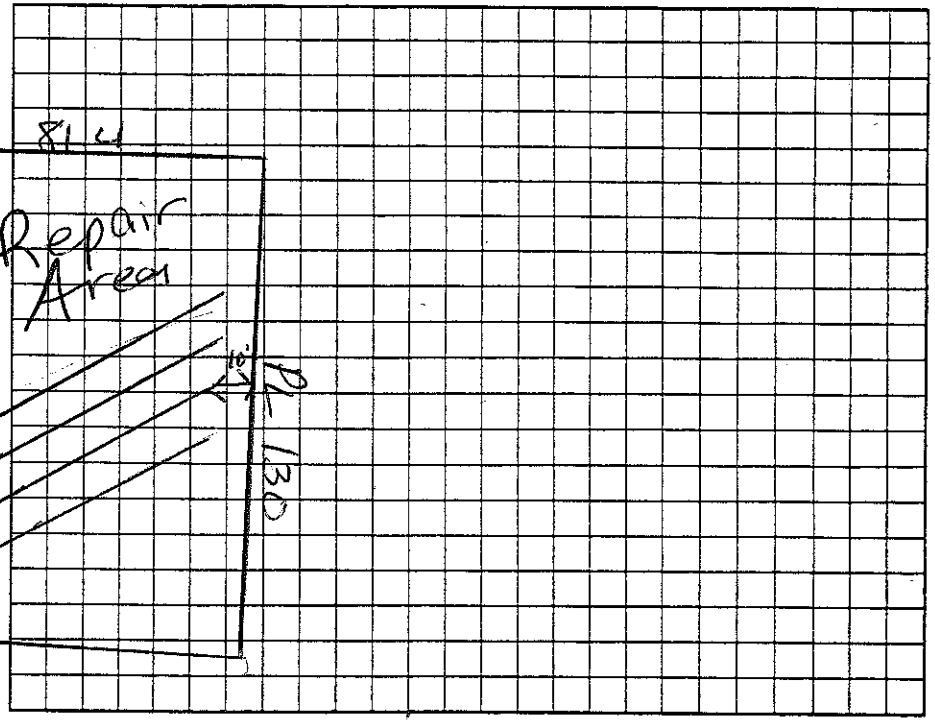
Scale 1:50

INITIAL SITE SKETCH



Comments:/Conditions: Checked lines 11/14/06 EZ Flow installed Took grade down some on bottom 2 lines 10-20ft 11/15/06

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 11/13/06

Improvement Permit by: Maria H. Dolan RS date 11/7/06

Authorization to Construct by: Maria H. Dolan RS date 11/9/06

Installed by: R & H date _____

Operation Permit by: Maria H. Dolan RS date 11/15/06

Existing System Inspection by: _____ date _____

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