IREDELL COUNTY HEALTH DEPARTMENT

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

470,00 + 9.0

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

PERMIT# 134890 PIN# 4626296348 DATE 5/12-06

OWNER OR APPLICANT Traditional Southern Homes PHONE: Business 980-721-5434 Home

ADDRESS P.O. Box 4083 Mooresville 28117

LOCATION Brawley School Rd TR McKendree TR Lakeview Shores Loop on right

SUBDIVISION Blackberry Creek BLOCK / SECTION 2 LOT 3 LOT AREA .723 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .13gpd/Ft²

Septic Tank: 1000 Gallons; STB 794 Date 5-26-06
Pump Tank: 1000 Gallons; PT 27 Date 9-6-06
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 2 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

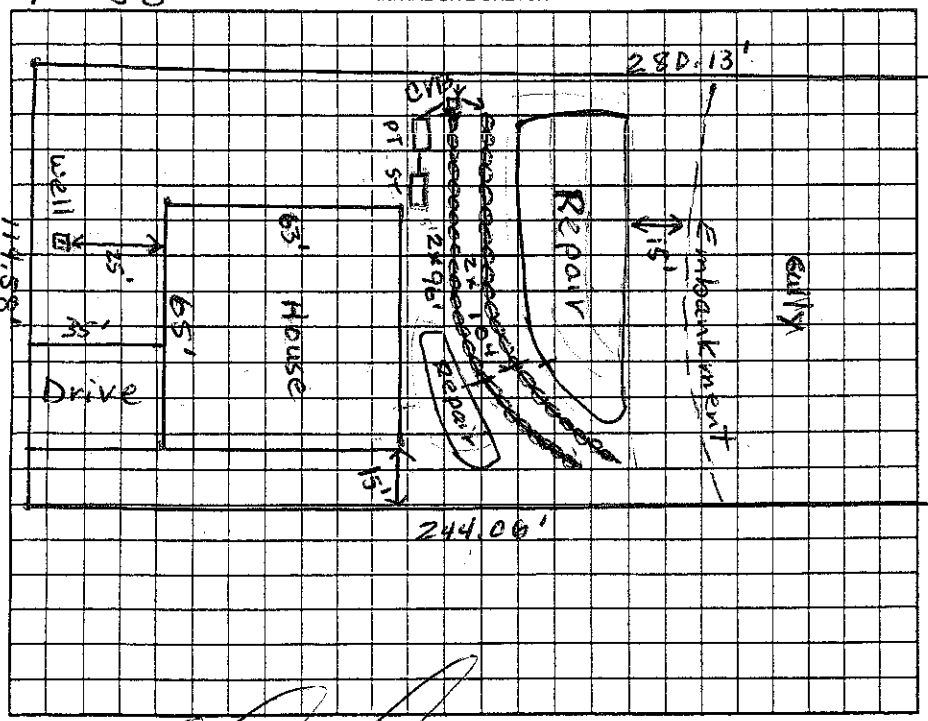
Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
46 panels

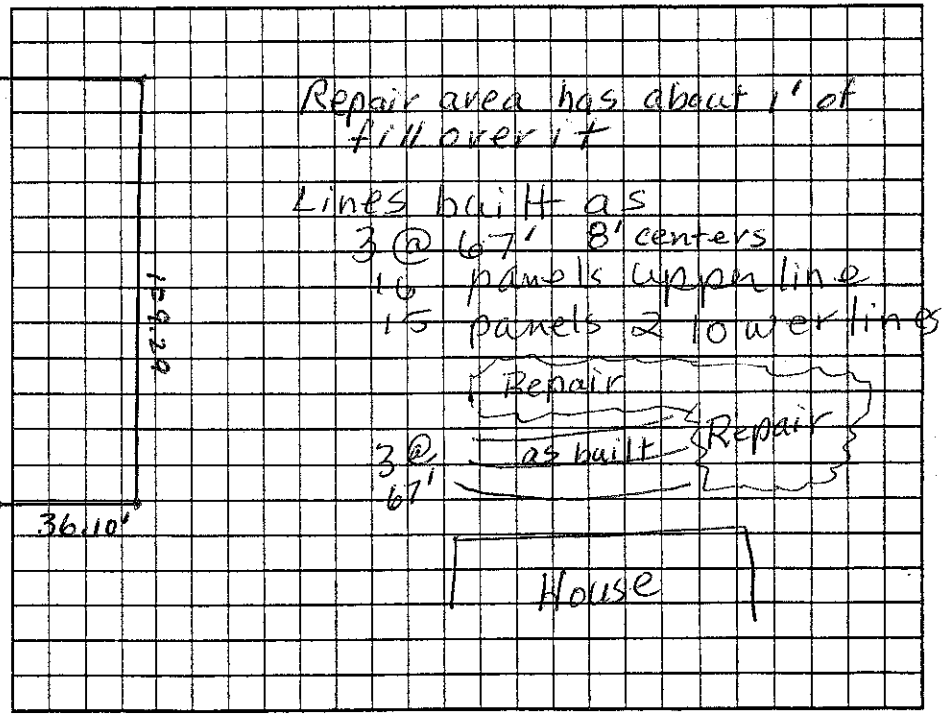
Comments:/Conditions:

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: _____ date 5-24-06 Installed by: Gerald Tucker

Improvement Permit by: Judy Melville date 5-12-06 Operation Permit by: Judy Melville date 12-22-06

Authorization to Construct by: Judy Melville date 5-15-06 Existing System Inspection by: _____ date _____

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