IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $50 MOORESVILLE 704-664-5281

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

PERMIT# 118698 PIN# ~~4626384061.336~~ 4626375324 DATE 6-17-05

OWNER OR CONTRACTOR T. Whelan Homes PHONE: Business 400-8932 Home

ADDRESS P.O. Box 4419 Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TL Kemp TR Alder Springs TL Bayberry Creek on Rt

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 336 LOT AREA .74 Acre SITE CLASS PS DESIGN FLOW 600 gal L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 7-30-05 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 477 Date 7-9-05 System Description: Pump - 25% Reduction

Pump Make Goulds Model WE0312M2 Serial No. FD563983 Repair System Description: Pump-LP-Panel Blk

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500' Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 4@125' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

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

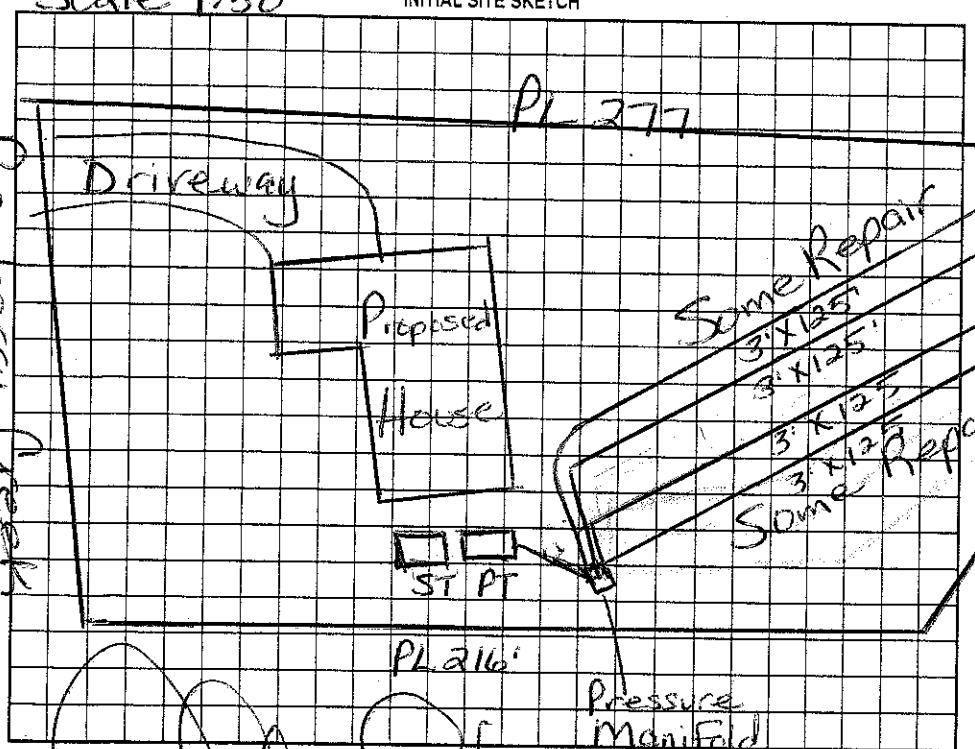
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Replaces all previous permits

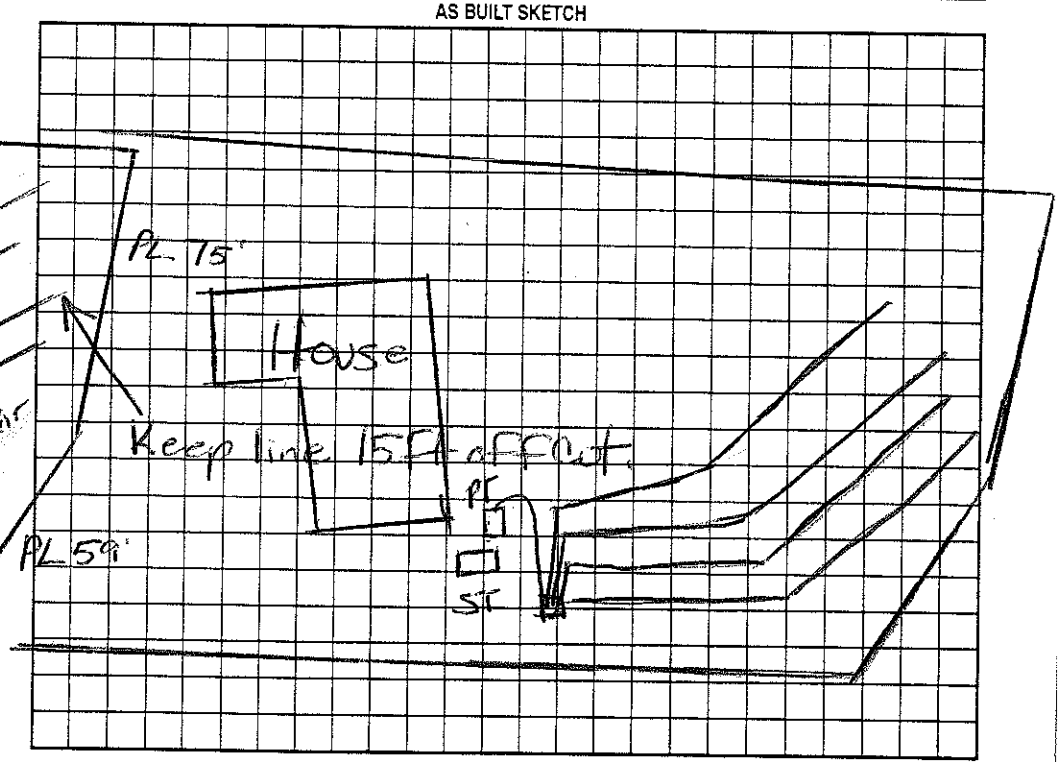
Comments/Conditions: 7/6/05 Checked tanks, lines & pressure EZ Flow

Scale 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 7/25/05 Installed by: Larry Beam RS

Improvement Permit by: Maria H. Watson RS date 6/17/05 Operation Permit by: Maria H. Watson RS date 10/4/05

Authorization to Construct by: Maria H. Watson RS date 6/17/05 Existing System Inspection by: _____ date _____

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