IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09245 2/127547 PIN# ~~4626-38-7407~~ 4626-39-2449 DATE 4/7/05

OWNER OR CONTRACTOR Paul Allen PHONE: Business _____ Home _____

ADDRESS 318 Glenwood Dr. Mooresville NC 28115

LOCATION BSR TR McKendree, TR Ardmore Place on Lt

SUBDIVISION Blackberry Crk BLOCK / SECTION F LOT 11 LOT AREA 0.81Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 7-30-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 6@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, (Quick 4)

System Description: Grav. 4 Compartment

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

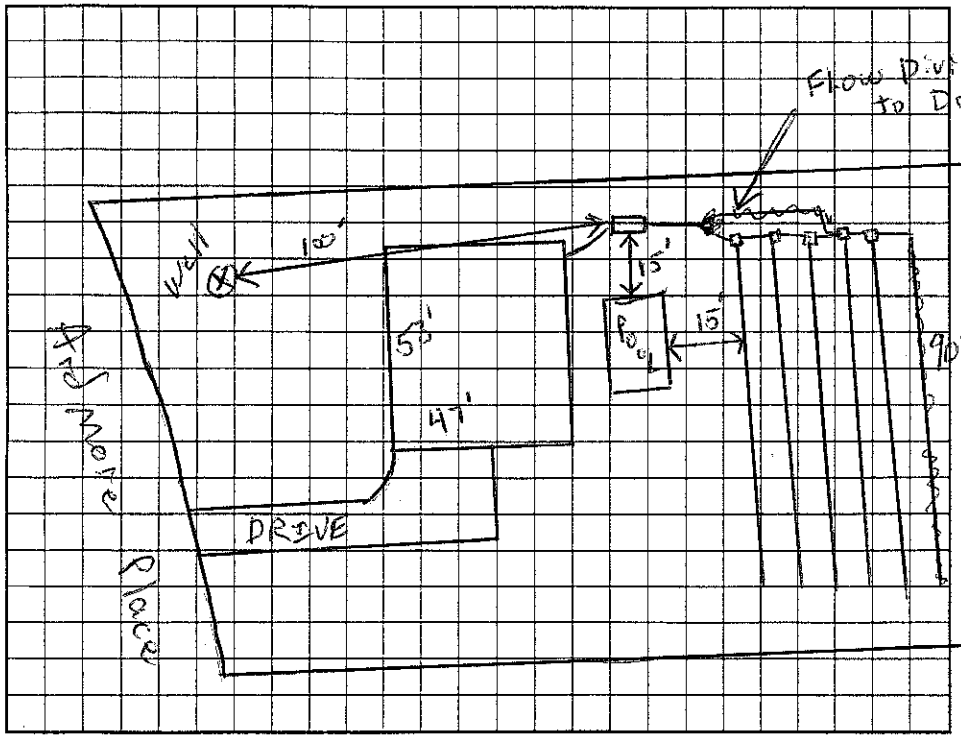
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

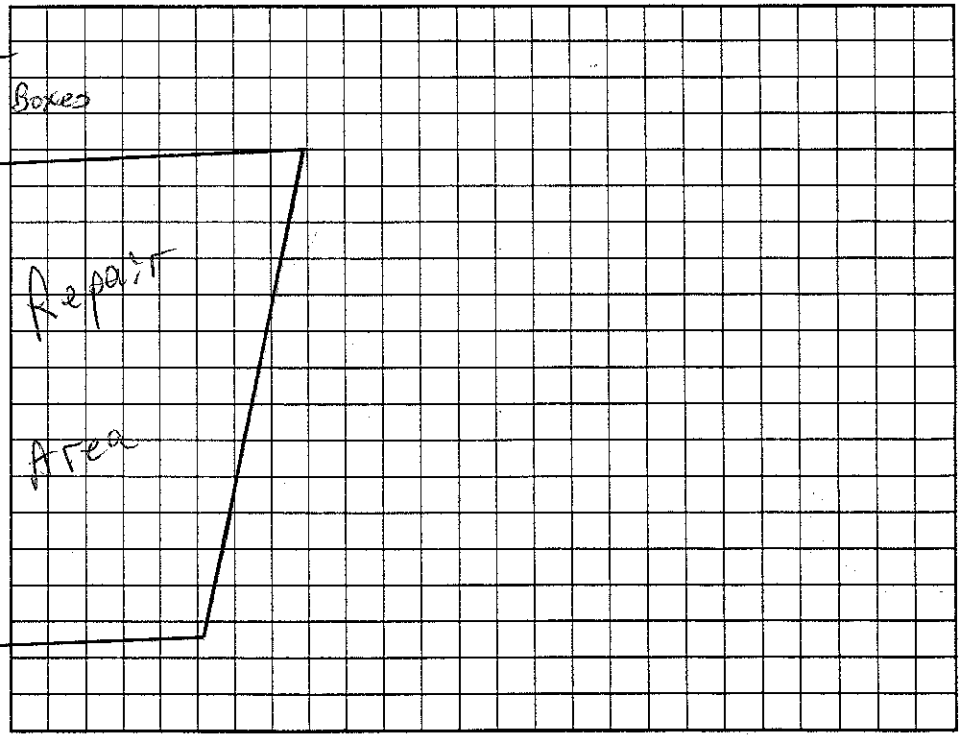
1"=50'

Comments:/Conditions: Installed 5-80' Plastic Chamber lines (Quick 4)

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: Melanie L. Allen date 4/7/05 Installed by: Richard Abernathy

Improvement Permit by: _____ RS date 4/7/05 Operation Permit by: _____ RS date 9/2/05

Authorization to Construct by: _____ RS date 4/7/05 Existing System Inspection by: _____ date _____

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