IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86517 PIN# ~~4627387480 PT~~ 4626-39-8305 DATE 12/20/99

OWNER OR CONTRACTOR Easter Development Corp. PHONE: Business 664-2906 Home 201-6465

ADDRESS 227 Hideaway Lane, Mooresville NC 28117

LOCATION R. Brawley School, R. McKendree just past High Circle - on RT

SUBDIVISION Blackberry Creek BLOCK / SECTION 1 LOT 12 LOT AREA .77 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3000/FT²

Septic Tank: 1000 Gallons; STB 312 Date 6/30/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: GRAVITY SAME
Maintenance Agreement Required: ☐ Yes ☒ No

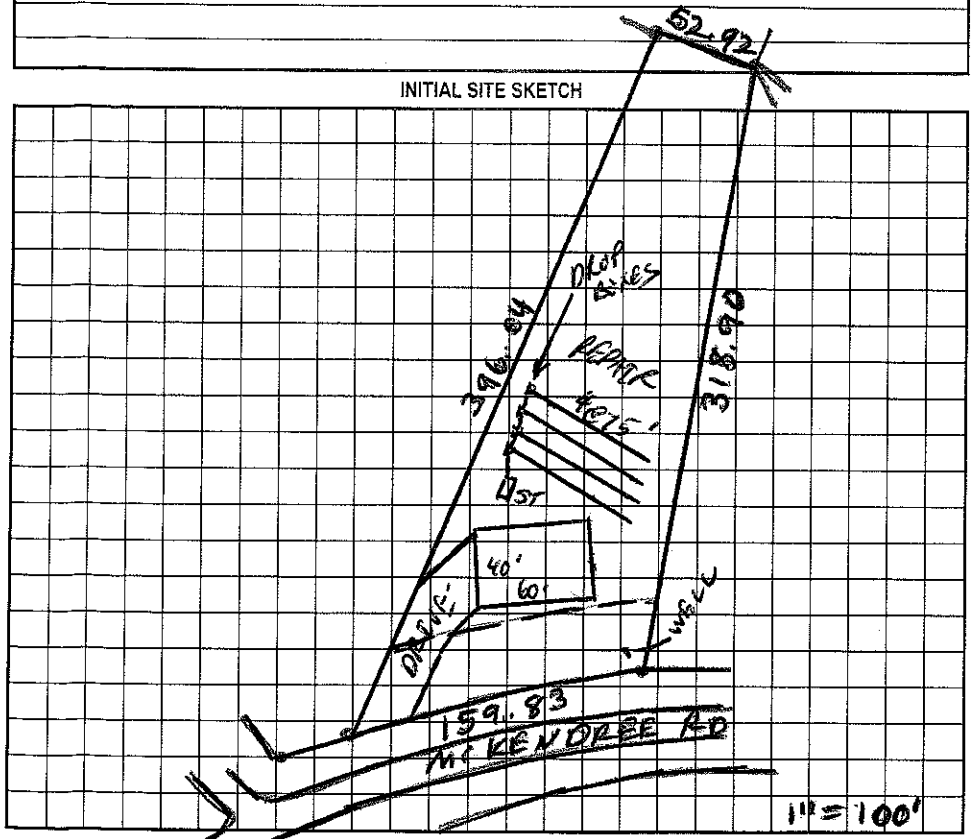
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
~~☐ Individual~~
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:

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: [signature] - PRES. EDC date 12/21/99

Improvement Permit by: [signature] EHS date 12/20/99

Authorization to Construct by: [signature] EHS date 1/13/00

Installed by: Jody Travis

Operation Permit by: [signature] date 3/27/03

Existing System Inspection by: _____ date _____

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