IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86516 PIN# ~~4626381480 FT~~ 4626-39-9300 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, past Dgk. ON RT

SUBDIVISION Blackberry Creek BLOCK / SECTION 1 LOT 11 LOT AREA .75 ac SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT

Septic Tank: 1000 Gallons; STB 1200 Date 8/30/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAVITY 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

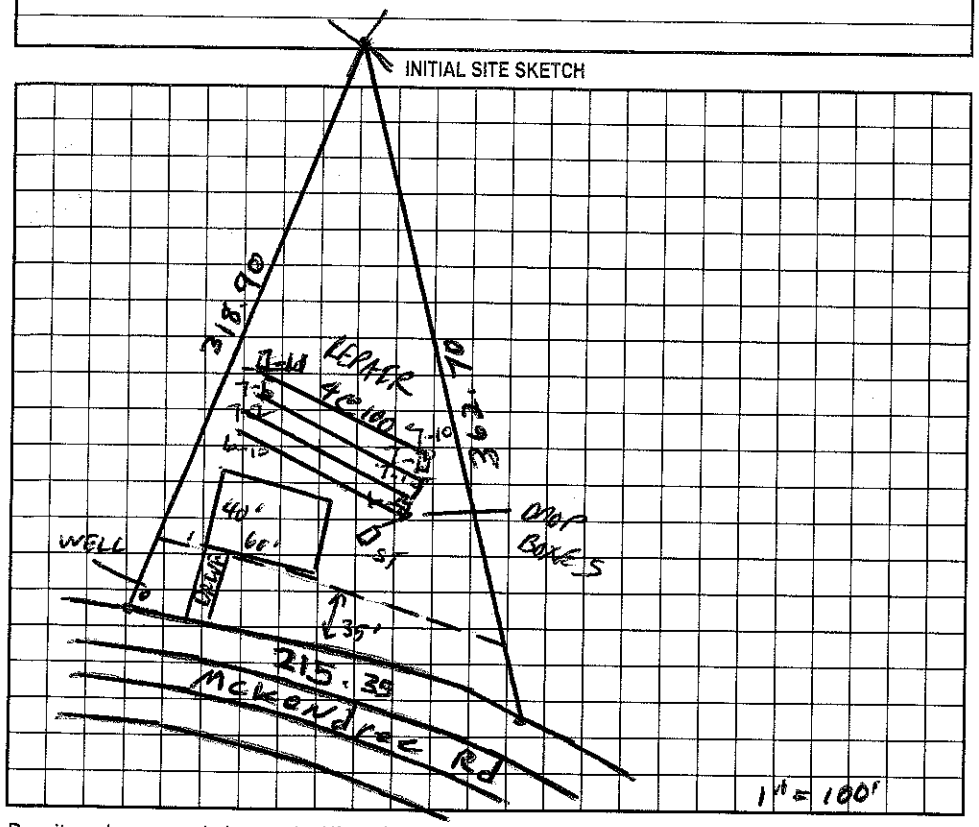
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: D Easter - PRES EDC date 12/21/99

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

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

Installed by: Wayne Clontz.

Operation Permit by: Wesley Sparks RS. date 10/11/00

Existing System Inspection by: _____ date _____

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