4626-49-0311 COPY

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86515 PIN# 4626387450 PT 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, R. Dish Circle - CORNER ON DEEP - ON RT

SUBDIVISION Blackberry Creek BLOCK / SECTION 1 LOT 10 LOT AREA .73 ac. SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .360/1.0

Septic Tank: 1000 Gallons; ST 1000 Date 3-11-00

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 PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

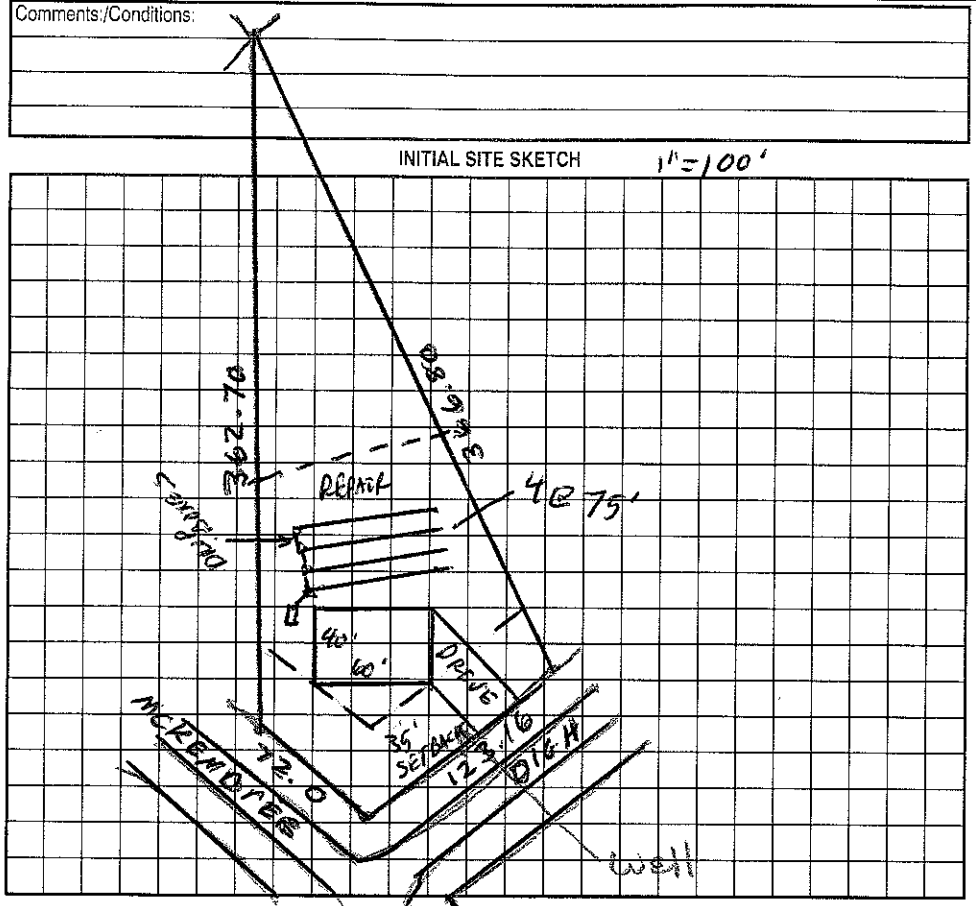
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH 1"=100'



Comments:/Conditions:

AS BUILT SKETCH

Installed as Drawn

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 L Easter - PRES. EDC date 12/21/99

Improvement Permit by: C. Ray Zoss RS date 12/20/99

Authorization to Construct by: C. Ray Zoss RS date 1/13/00

Installed by: Wayne Clontz

Operation Permit by: Maria H Dotson R.S. date 4/12/2000

Existing System Inspection by: _____ date _____

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