10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86514 PIN# ~~4626-38-7100-PT~~ 4626-49-0388 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 - 2nd on LT

SUBDIVISION Blackberry Creek BLOCK / SECTION 1 LOT 9 LOT AREA .76 AC. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1/20/01

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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

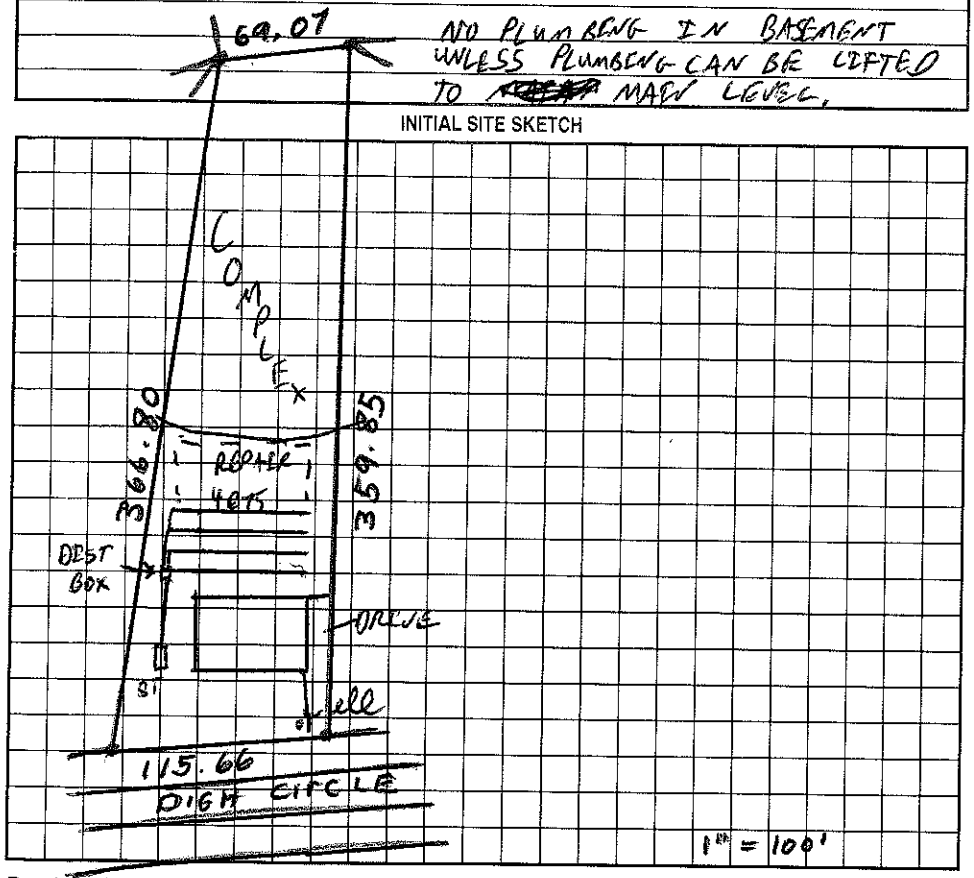
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

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

Comments:/Conditions:

NO PLUMBING IN BASEMENT UNLESS PLUMBING CAN BE LIFTED TO ~~REAR~~ MAIN LEVEL.

INITIAL SITE SKETCH



Comments:/Conditions:

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: L X Eat - PRES EDC date 12/21/99

Improvement Permit by: C. [signature] ES date 12/20/99

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

Installed by: Wayne Clontz

Operation Permit by: [signature] RSI date 4/5/01

Existing System Inspection by: ____ date ____

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