4000

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86509 PIN# ~~4626387400 A~~ 4626-49-0639 DATE 12/20/99

OWNER OR CONTRACTOR EASTER DEVELOPMENT PHONE: Business 664-2906 Home

ADDRESS 227 HIDEAWAY LN MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR MCKENDREE - TR DLGH - TL BARKSDALE - 2nd ON LT

SUBDIVISION BLACKBERRY CK BLOCK / SECTION LOT 4 LOT AREA .9AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 3,000 sq ft

Septic Tank: 1000 Gallons; STB 825 Date 6-17-00
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 NA

☑ 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

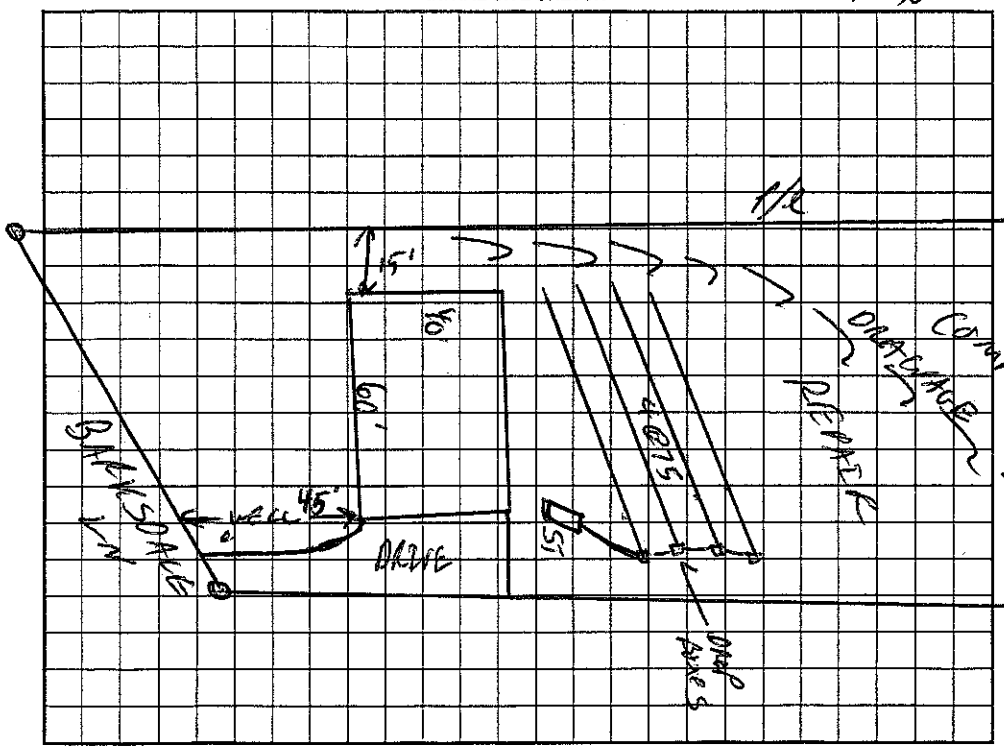
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

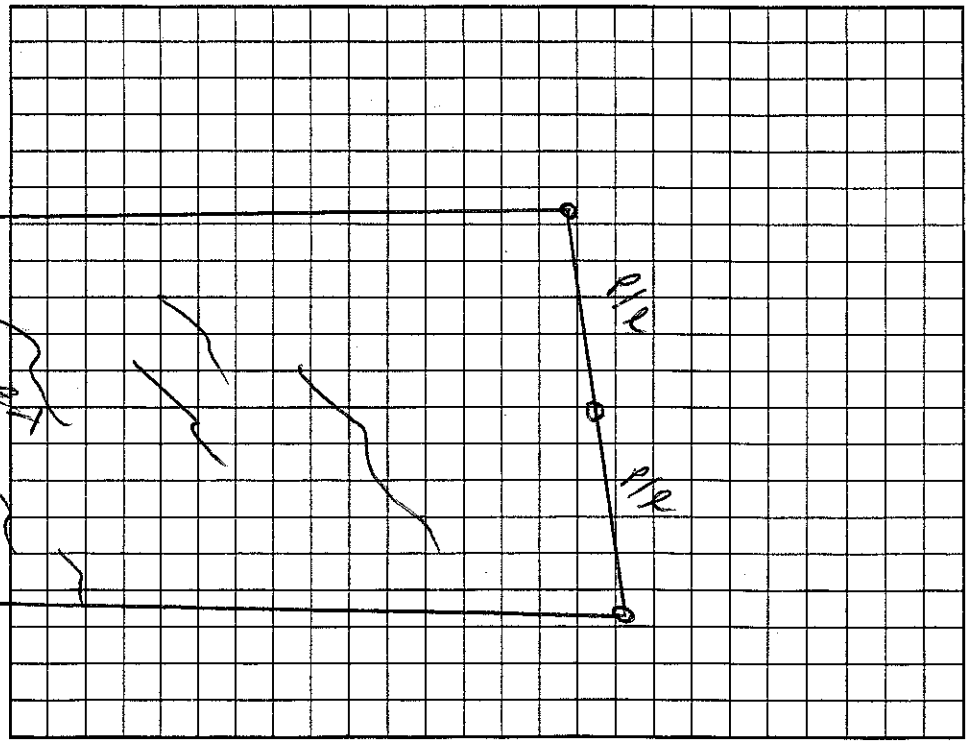
Comments:/Conditions:

Comments:/Conditions: Installed as Drawn
Some rocks in Drainfields
Plastic Chamber

INITIAL SITE SKETCH 1"=50'



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

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

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

Installed by: WAYNE CLONTZ

Operation Permit by: [illegible] R.S. date 8/8/2000

Existing System Inspection by: date

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