IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86512 PIN# ~~4-62-63-3-7460-PT~~ 4624-49-2520 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. Dig - 4th on LT

SUBDIVISION Blackberry Creek BLOCK / SECTION 1 LOT 7 LOT AREA .70 AC. SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 1.30 GPD/sq ft

Septic Tank: 1000 Gallons; STB 1007 Date 2/3/02

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: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

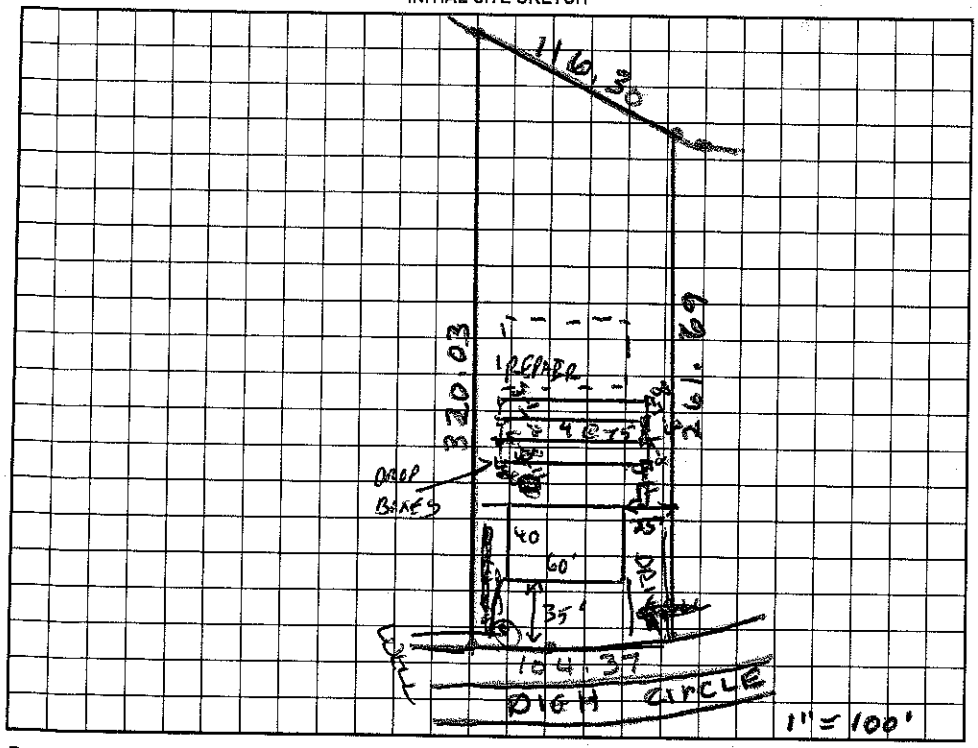
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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

Improvement Permit by: C. [signature] RS date 12/10/99

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

Installed by: Travis Enterprises

Operation Permit by: Wesley Sparks R.S. date 4/2/02

Existing System Inspection by: ____ date ____

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