IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-[illegible] 30.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 127378 PIN# 4626 72 5799 DATE 5/9/05

OWNER OR CONTRACTOR Lake Norman VFD PHONE: Business _____ Home _____

ADDRESS 1206 Brawley Sch Rd Mooresville NC 28117

LOCATION Brawley Sch Rd, on Rt just past South Fork Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.679 ac SITE CLASS. FS DESIGN FLOW 1020. L.T.A.R. 0.3

Septic Tank: 2000 Gallons; STB 74 Date 12/9/05
Pump Tank: 2000 Gallons; PT _____ Date 12/10/05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 2550 Linear Feet 850
No Lines 5@170' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

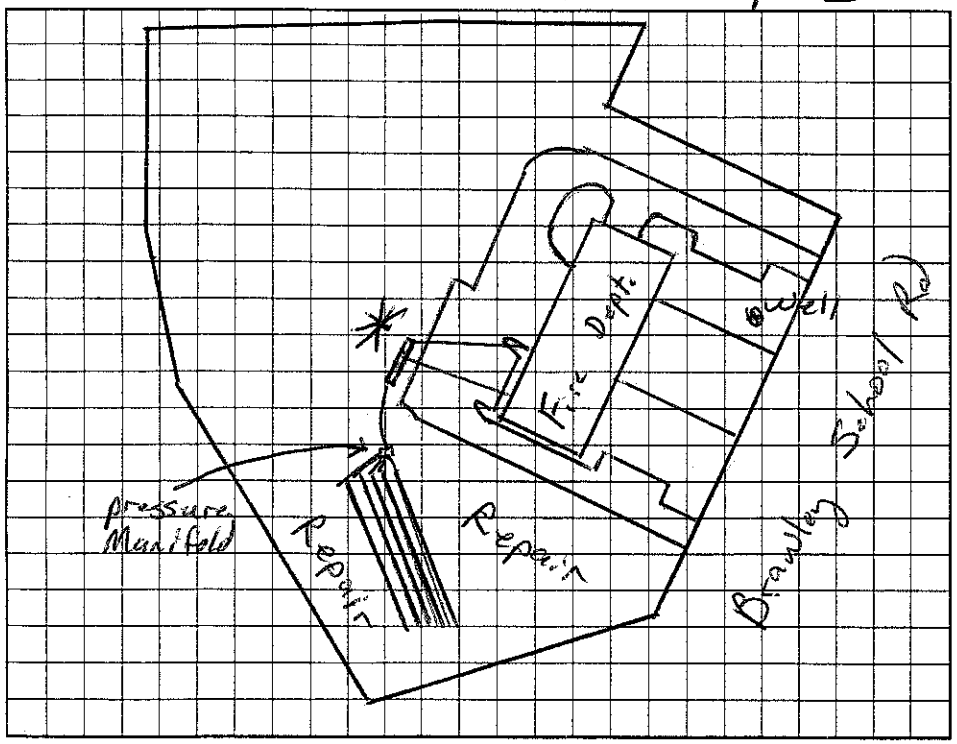
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☒ Other Fire Dept.
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: * 1500 gal 0:1 - Water Seperator - Floor drains plumb to o/w seperator - Domestic Waste plumb to Septic tank STB 334 10/25/06

Comments/Conditions: 6 bedrooms (2 beds x 60 gal) = 720 gal/day
12 bays x 25 gals = 300 gal/day
1020 gpd

INITIAL SITE SKETCH 1"=200'



AS BUILT SKETCH

Quick 4 Instant Nest

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: Kevin Clark date 5/13/05 Installed by: Abernathy

Improvement Permit by: RS date 5/9/05 Operation Permit by: RS date 6/13/06

Authorization to Construct by: RS date 5/9/05 Existing System Inspection by: _____ date _____

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