IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139123 PIN# 4626822210 DATE 11-17-06

OWNER OR APPLICANT Tom Stevenson PHONE: Business 660-6638 Home 309-1473

ADDRESS 570 Williamson Rd Ste E Mooresville NC 28117

LOCATION Brawley School Rd TL Great Point TL Wild Harbor lot on left

SUBDIVISION The Point BLOCK / SECTION 3 LOT 353 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 338 Date 8-11-07

Pump Tank: 1000 Gallons: PT 27 Date 10-19-07

Pump Make: Zoeller Model E1401 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump-PM-25% Reduction

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

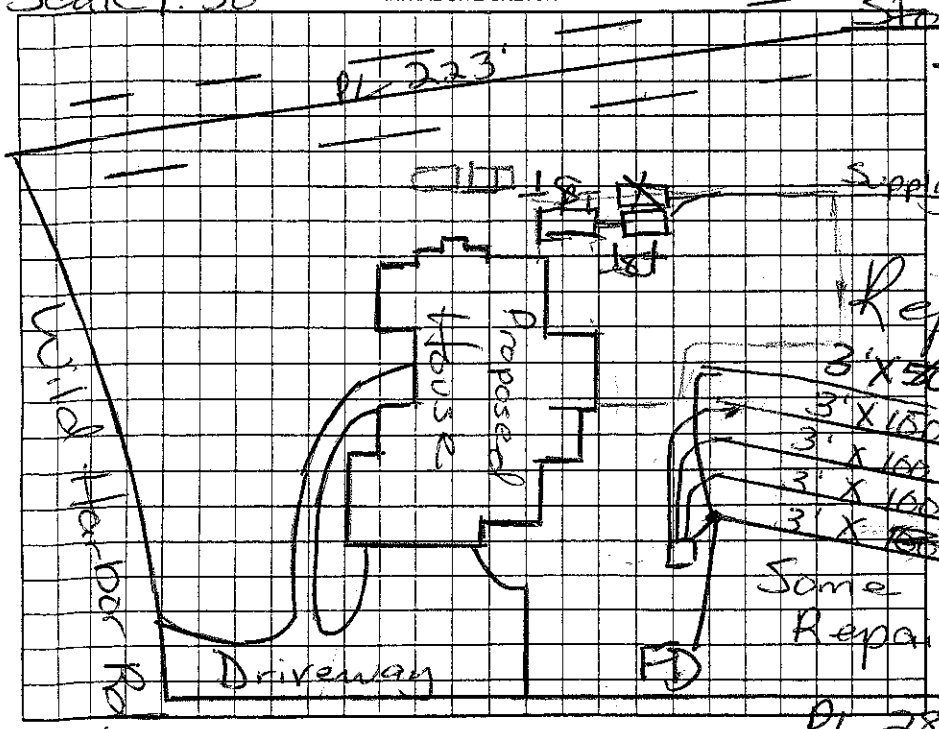
Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Keep Drainline 25Ft From basement wall And/or 15Ft From any Cut.

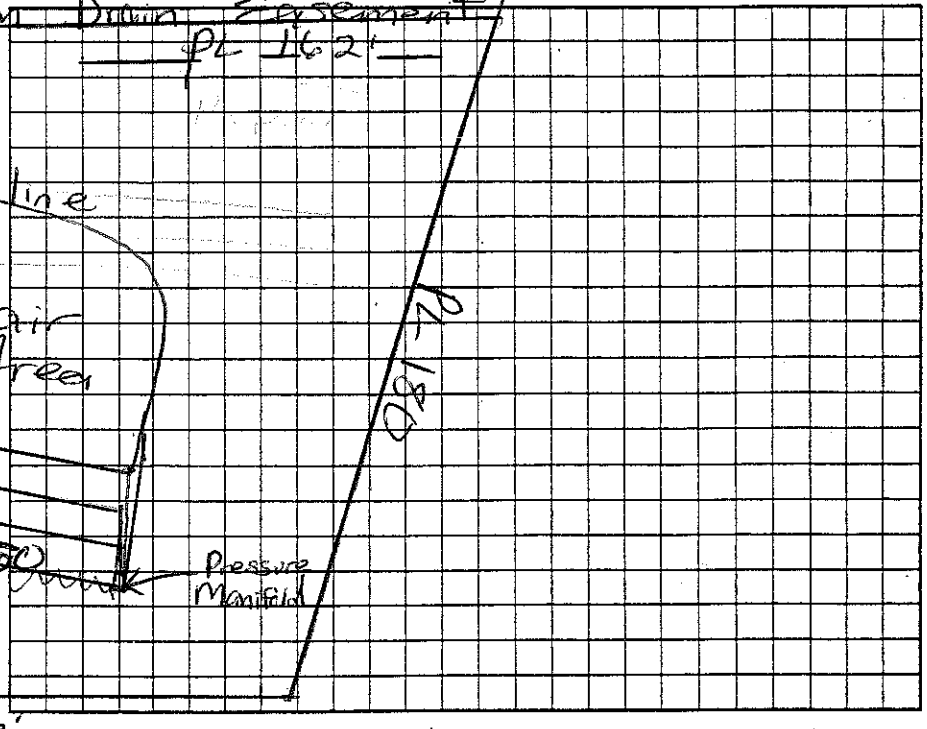
Comments/Conditions: 12/6/07 Checked tanks, installed Quick 4 30@60ft 2@50ft w/Flow Divider

Scale 1:50'

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: Ashley West date 11/21/06 Installed by: R&T

Improvement Permit by: Maria H. Dolson RS date 11/17/06 Operation Permit by: Maria H. Dolson RS date 2/20/08

Authorization to Construct by: Maria H. Dolson RS date 11/17/06 Existing System Inspection by: _____ date _____

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