IREDELL COUNTY HEALTH DEPARTMENT

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

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

245,00 Paid

PERMIT# 116240 PIN# 4627-72-5171 DATE 7/14/05

OWNER OR CONTRACTOR Jim Bradley PHONE: Business Home 704-799-6379

ADDRESS 127 Cades Cove Ln. Mooresville NC 28117

LOCATION BSR, TR Blume, TL Becton Park, TR Honeysuckle, on Lt

SUBDIVISION CLFT BLOCK / SECTION 9 LOT 37 LOT AREA 0.66 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 312 Date 12/26/05

Pump Tank: 1000 Gallons; PT 37 Date 12/13/05

Pump Make: Gould's Model WE0512HH4 Serial No.

Nitrification Field: No Fields 1 Square Feet 534 Linear Feet 267

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Limited .1945(c)

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms No. Employees

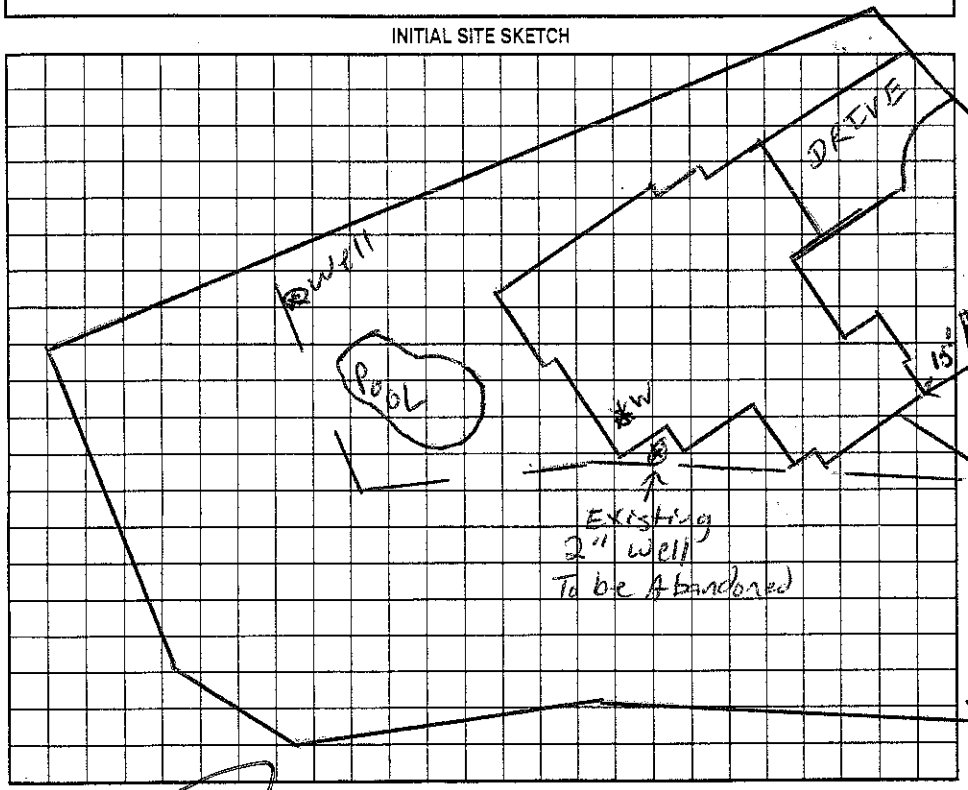
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

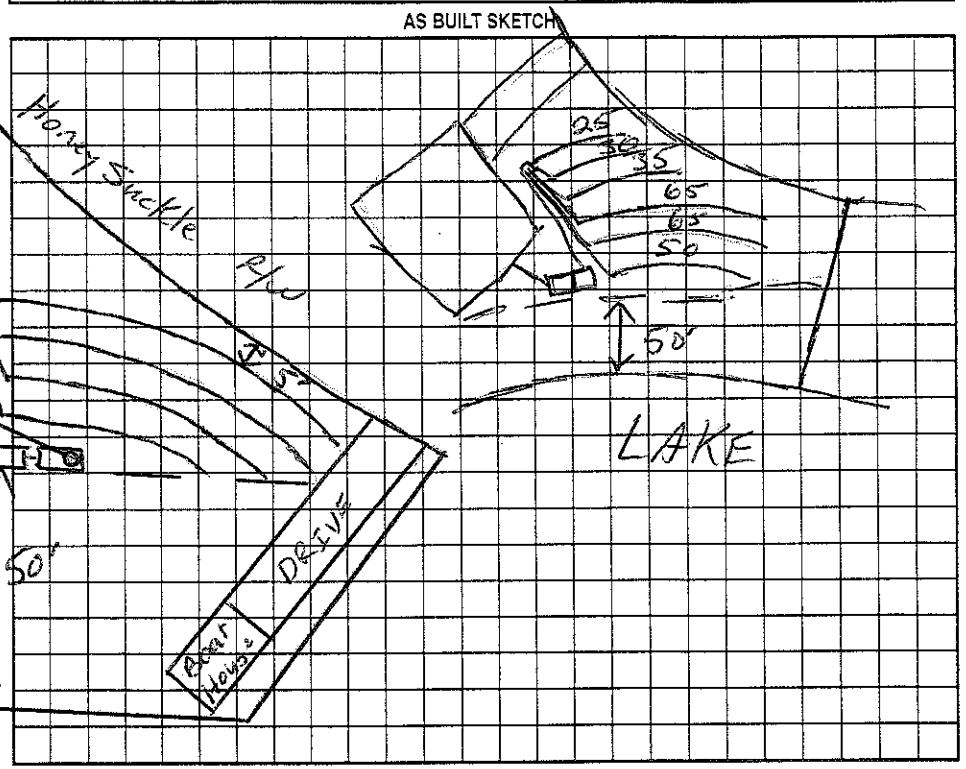
Comments/Conditions: 1"=40' Can use 5 lines
GM checked tanks & part lines 2/14/06

Comments/Conditions: Partial
Checked lines 2/15/06 & pressure set

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 _____ date 7-14-05 Installed by: Orbison

Improvement Permit by: _____ RS date 7/14/05 Operation Permit by: _____ RS date 6/7/06

Authorization to Construct by: _____ RS date 7/14/05 Existing System Inspection by: _____ date _____

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