10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 065659 PIN# 4627833933 DATE 5/19/2000

OWNER OR CONTRACTOR Steve White PHONE: Business 502-1470 M. Home 660-6575

ADDRESS 274 Yacht Rd. Mooresville N.C.

LOCATION Brawley School Rd TR Blume Rd TL Beaten Path TR Again Beaten Path 3rd lot on left

SUBDIVISION Shavender's Bluff BLOCK / SECTION ____ LOT 38 LOT AREA .71 Acre SITE CLASS PSJ DESIGN FLOW 360 gpd L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1507 Date 9-6-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 3 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Gravity - Low Profile
Maintenance Agreement Required: [ ] Yes [X] No

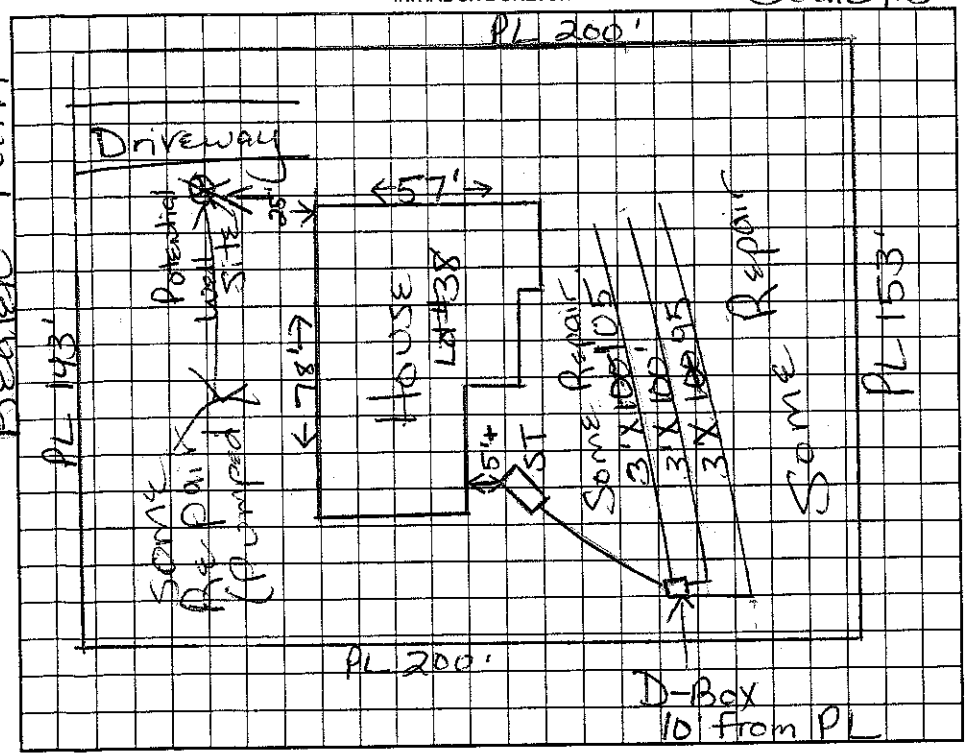
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
[ ] Slab [X] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from house & 100' to well

Comments:/Conditions: partial
Replaces previously issued permit
"Blue" Poly pak
Well Not installed at time of inspection

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Installed pretty much as drawn
Installed Infiltrator Chambers

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: [signature] date 5-22-00 Installed by: Revis Enterprises

Improvement Permit by: Maria H. Dobson R.S. date 5/19/2000 Operation Permit by: Maria Dobson R.S. date 11/30/2000

Authorization to Construct by: Maria H. Dobson R.S. date 5/19/2000 Existing System Inspection by: ____ date ____

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