[illegible] COUNTY HEALTH DEPARTMENT

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

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

Paid 10.00

PERMIT# 075213 PIN# 4635-30-7807 4635-39-2785 DATE 10/29/2002

OWNER OR CONTRACTOR Easter Development / ATKINSON Custom Homes PHONE: Business 201-6465 Home 664-2906

ADDRESS 327 Hideaway Ln. Mooresville

LOCATION Brawley School Rd TL - Isle of Pines on left ~ 1 mile

SUBDIVISION Lake Hills Est BLOCK / SECTION ____ LOT 5 LOT AREA 1.03 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 9/5/03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 30, 33 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - Innovative

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Keep Septic System at least 10' to PL

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Infiltrators Installed As Drawn

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 10/31/02 Installed by: Travis Enterprises

Improvement Permit by: [signature] RS date 10/29/02 Operation Permit by: [signature] RS date 10/22/03

Authorization to Construct by: [signature] RS date 7/3/03 Existing System Inspection by: ____ date ____

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