IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 108659 PIN# ~~4636216368.9~~ 4636 21 2150 DATE Nov. 25, 02

OWNER OR CONTRACTOR Easter Development PHONE: Business _____ Home _____

ADDRESS 227 Hideaway Lane, Mooresville, N.C. 28117

LOCATION Brawley School Road TR Isle of Pines Rd. TR English Ivy Cul. At end

SUBDIVISION Stonegate BLOCK / SECTION _____ LOT 9 LOT AREA .94 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .2-.25 / .1-.125 LPP Repair

Septic Tank: 1000 Gallons; STB 794 Date 3/14/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1140 Linear Feet 380

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

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

System Description: Gravity 25% Reduction

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

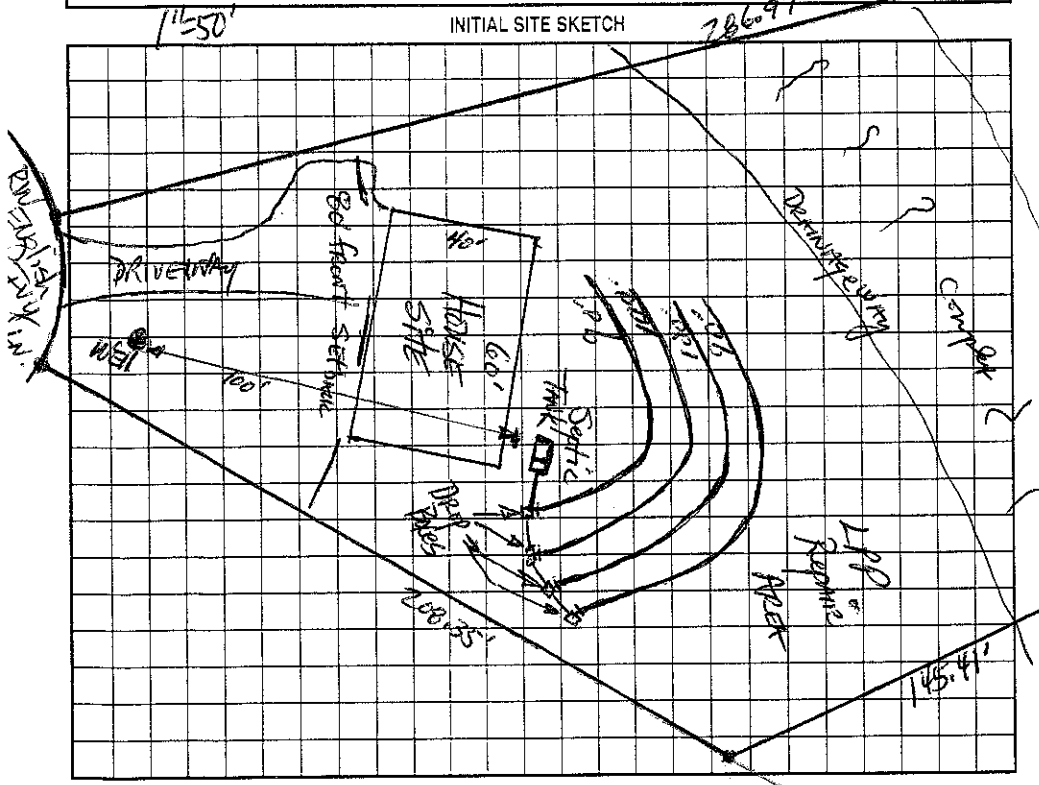
Comments:/Conditions:

* Installer note MAX trench bottom!

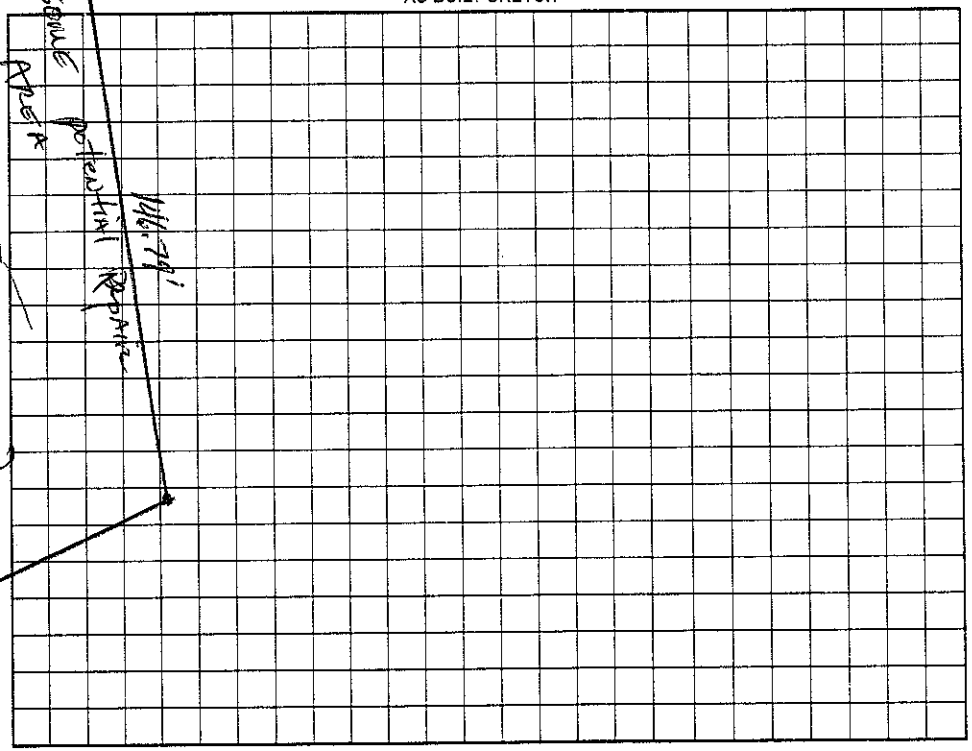
Comments:/Conditions:

INITIAL SITE SKETCH

1"=50'



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 12-11-02 Installed by: Larry Beam

Improvement Permit by: _____ date 11-25-02 Operation Permit by: _____ date 4/28/04

Authorization to Construct by: Wesley Sparks R.S. date 9/11/03 Existing System Inspection by: _____ date _____

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