IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108654 PIN# 4636 21 6368.8 4636-21-4160 DATE Dec 13,02

OWNER OR CONTRACTOR Foster Development / Pride Homes PHONE: Business _____ Home _____

ADDRESS 227 Hideaway Lane Mooresville, N.C 28117

LOCATION Brawley School Rd TL Isle of Pines TR English Ivy ATEND

SUBDIVISION Stonegate BLOCK / SECTION _____ LOT 8 LOT AREA .70 AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1017 Date 2/17/64

Pump Tank: 1000 Gallons; PT 109 Date 4/7/64

Pump Make: Gould Model WEO-511NH Serial No. E0464764

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 26" * Gravel Depth N/A

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

System Description: 9m - SHALLOW 25% Reduction

Repair System Description: LPP or LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

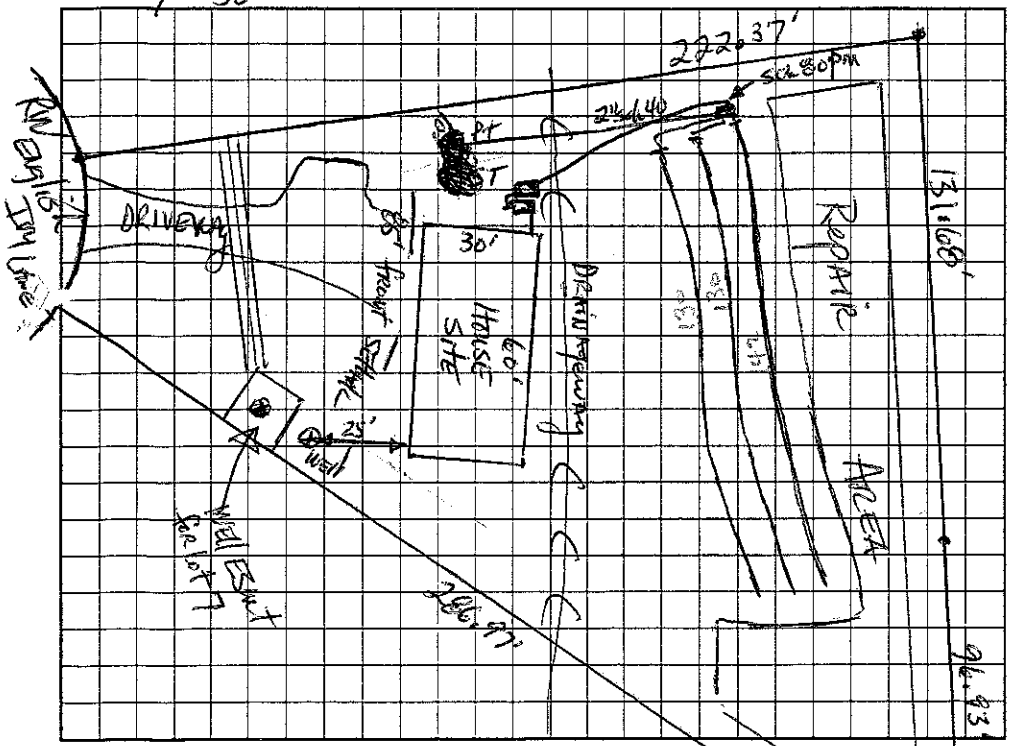
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: * Installer note maximum trench bottom depth.

Comments/Conditions:

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 12-30-02 Installed by: C+S Grading

Improvement Permit by: _____ date 12-13-02 Operation Permit by: Wesley Sparks R.S. date 10/20/04

Authorization to Construct by: _____ RS date 1/14/04 Existing System Inspection by: _____ date _____

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