IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108652 PIN# ~~4636-21-6368.6~~ 4636216213 DATE Dec 13, 02

OWNER OR CONTRACTOR Easter Dev. Co. / Lewis Carpenter PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. Lt Isle of Pines TR English Ivy Lane on left

SUBDIVISION Stonegate BLOCK / SECTION _____ LOT 6 LOT AREA .83Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .25-.3 initial sys / .1-.125 LPP Repair

Septic Tank: 1000 Gallons; STB 795 Date 9/30/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Gravity 25% Reduction LPP

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

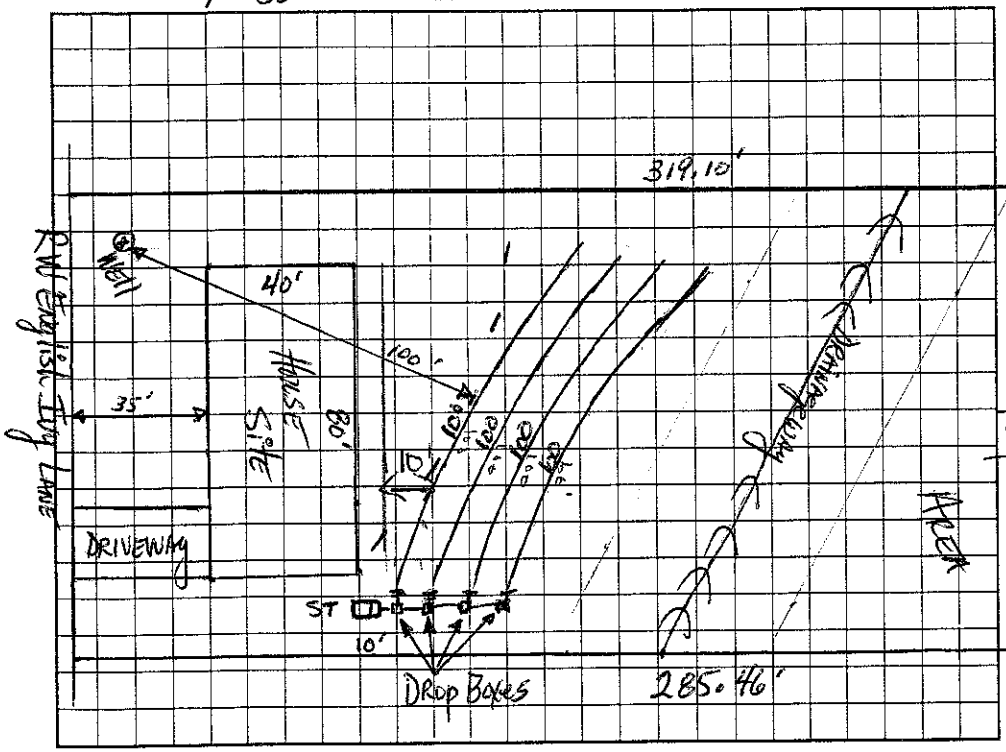
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

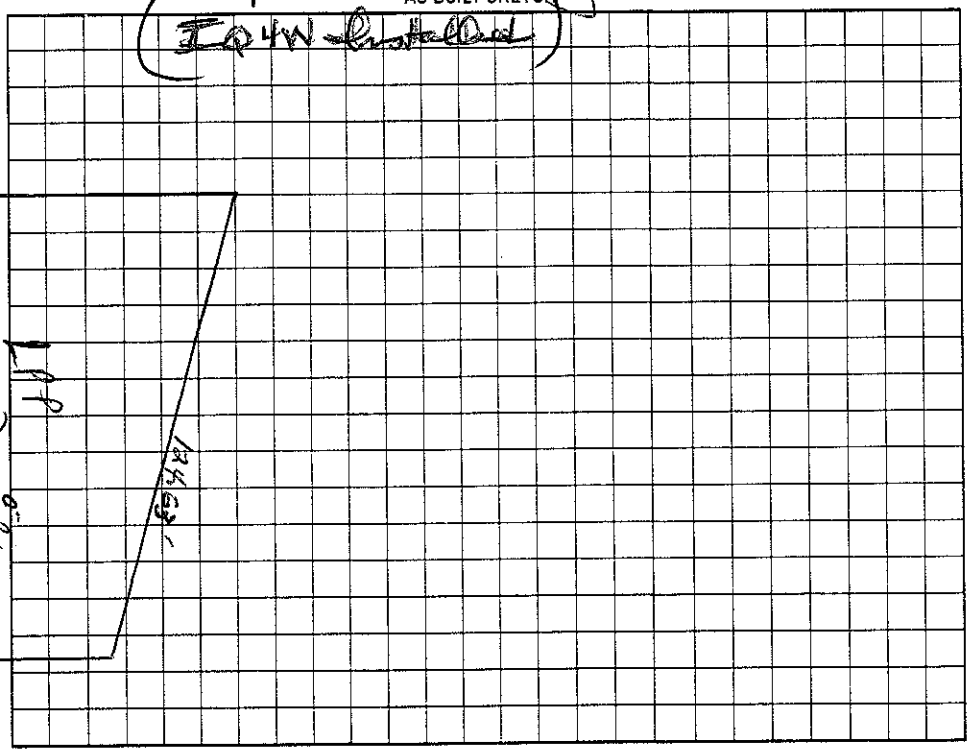
Comments:/Conditions: Reviewed Building plans & Site plans 12/16/04.

Comments:/Conditions: Note: First line of drainfield will be affected by higher house. therefore 1st line will be shorter & need to make up linear footage in lower lines

1" = 50' INITIAL SITE SKETCH



AS BUILT SKETCH (Low Installed)



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: Larry Beam

Improvement Permit by: _____ date 12-13-02 Operation Permit by: Wesley Sparks RS. date 9/21/05

Authorization to Construct by: _____ date 12/16/04 Existing System Inspection by: _____ date _____

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