IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Pd. 1130 MOORESVILLE 704-664-5281

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

PERMIT# 108650 PIN# ~~4636 21 6368.5~~ 4636217218 DATE Nov. 25, 02

OWNER OR CONTRACTOR Easter Development PHONE: Business _____ Home _____

ADDRESS 227 Hideaway Lane Mooresville 28117

LOCATION Brawley Sch Rd. TL Isle of Pines Rd. TR English Ivy Ln. 5th lot on left

SUBDIVISION Stonegate BLOCK / SECTION _____ LOT 5 LOT AREA .76Ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: 1000 Gallons: STB 312 Date 3-29-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction LPP BRS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

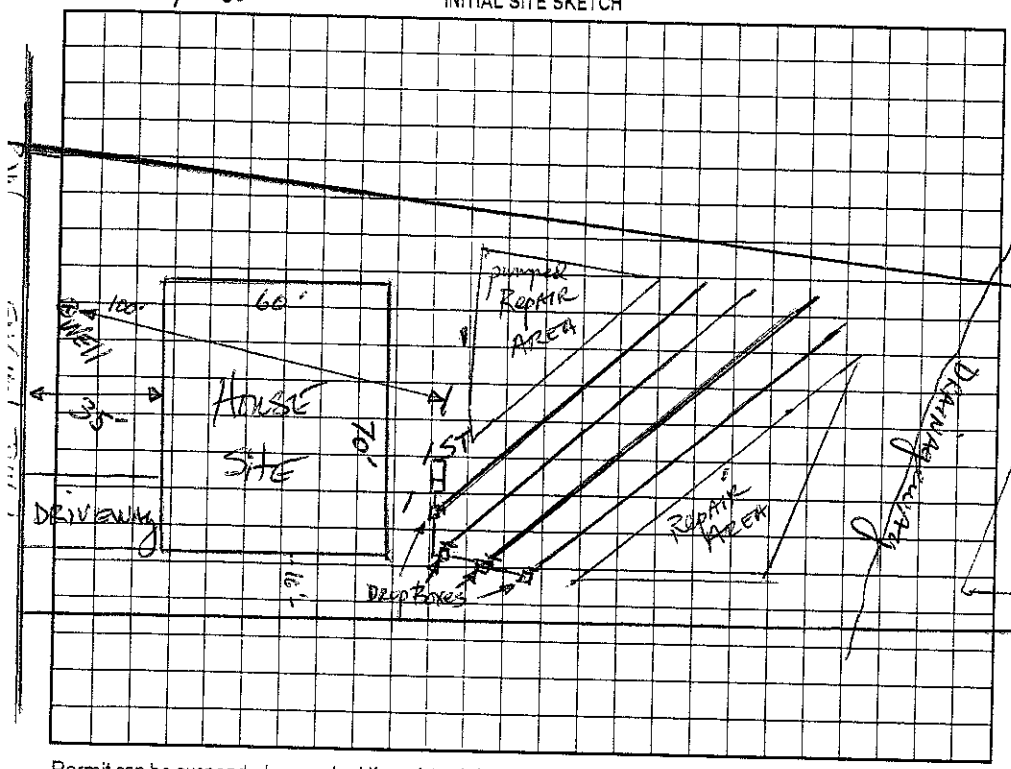
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

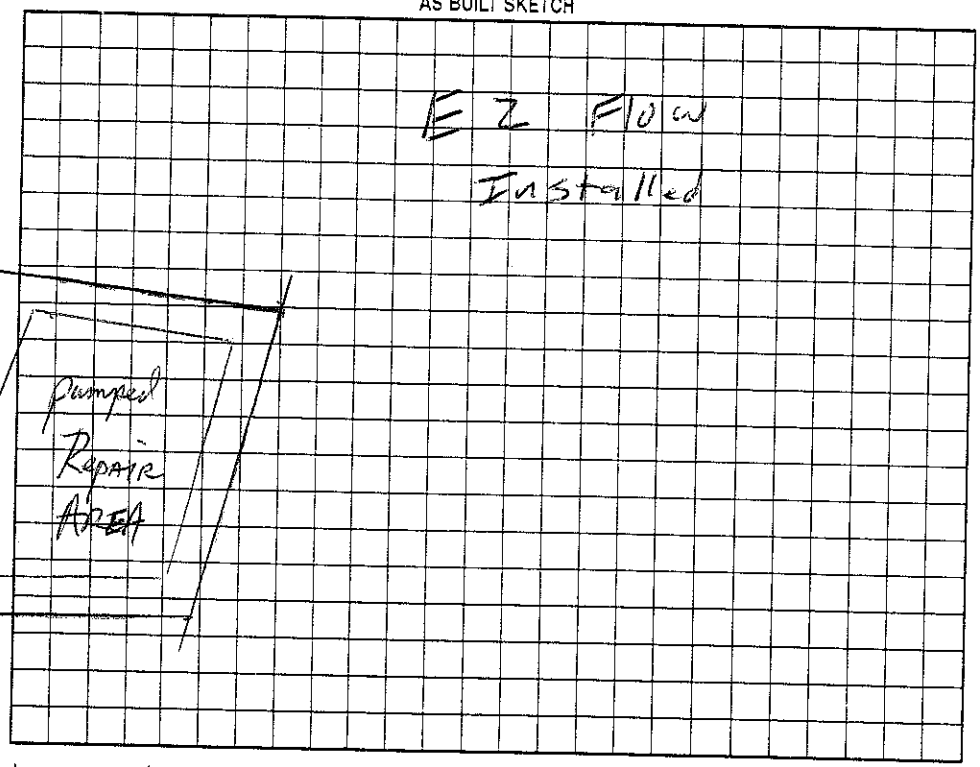
Comments:/Conditions:

1" = 50'

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 12-11-02 Installed by: Larry Beam

Improvement Permit by: _____ date 11-25-02 Operation Permit by: _____ date 5/4/05

Authorization to Construct by: _____ date 8/18/04 Existing System Inspection by: _____ date _____

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