IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid 3:00 MOORESVILLE 704-664-5281

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

PERMIT# 108649 PIN# ~~4636 21 6368.4~~ 4636217394 DATE Nov 22,02

OWNER OR CONTRACTOR EASTER Development / LEWIS CARPENTER PHONE: Business ____ Home ____

ADDRESS 227 HIDEAWAY LANE Mooresville, N.C. 28117

LOCATION Brawley Sch Rd / TL Isle of Pines TR English Ivy LN. 4th lot on left

SUBDIVISION Stonegate BLOCK / SECTION ____ LOT 4 LOT AREA .78AC SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25-3

Septic Tank: 1000 Gallons; STB 794 Date 8/3/03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: GRAVITY 25% Reduction

Repair System Description: LPP&PS

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

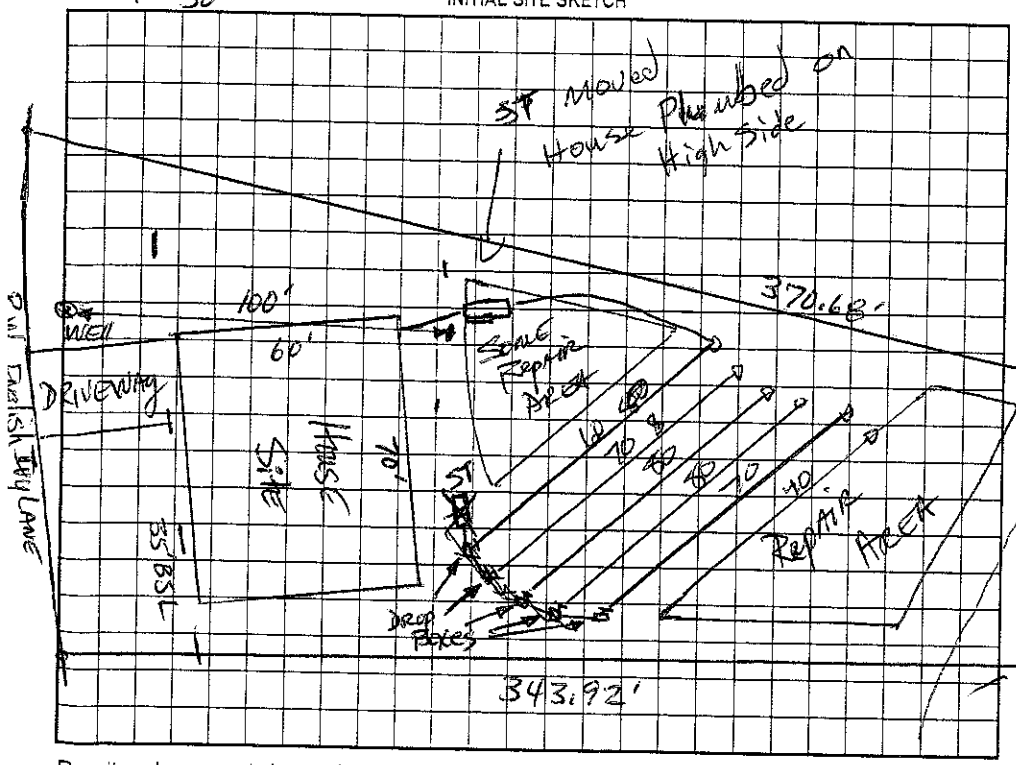
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

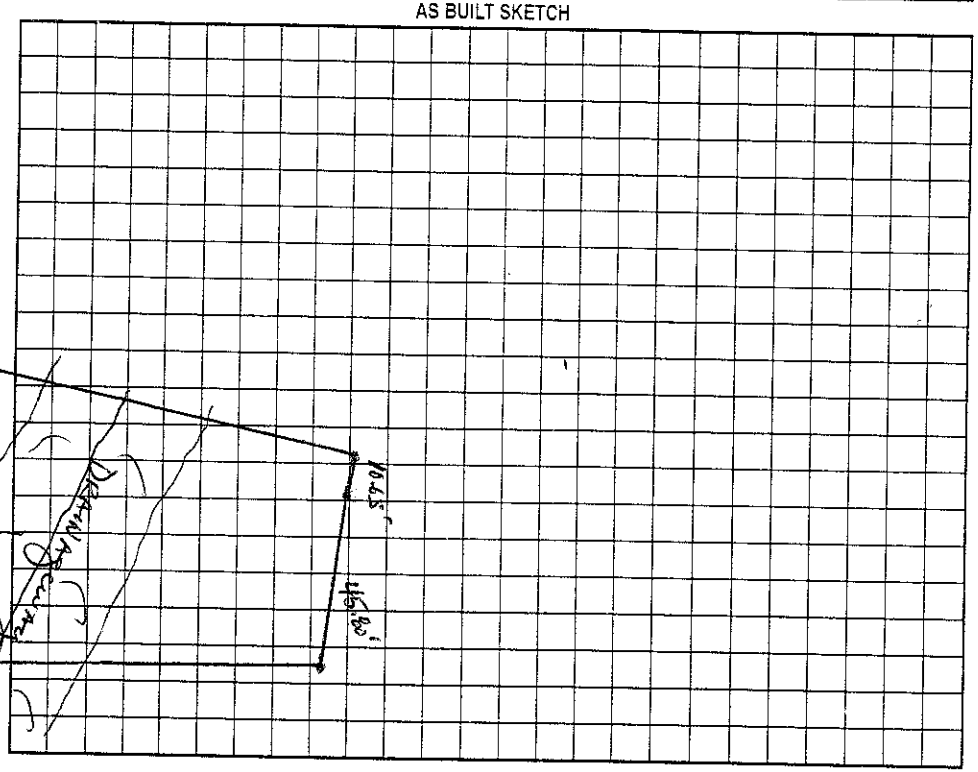
Comments:/Conditions:

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 12-1-02 Installed by: Larry Beam

Improvement Permit by: ____ date 11-22-02 Operation Permit by: ____ RS date 9/9/03

Authorization to Construct by: ____ RS date 3/6/03 Existing System Inspection by: ____ date ____

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