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# 108648 PIN# ~~4636216368.3~~ 4636218388 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 LANE 3rd lot on left

SUBDIVISION Stonegate I BLOCK / SECTION _____ LOT 3 LOT AREA .75 AC SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 794 Date 3/22/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5-6 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

Repair System Description: Gravity 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

☒ ~~House/Mod. Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

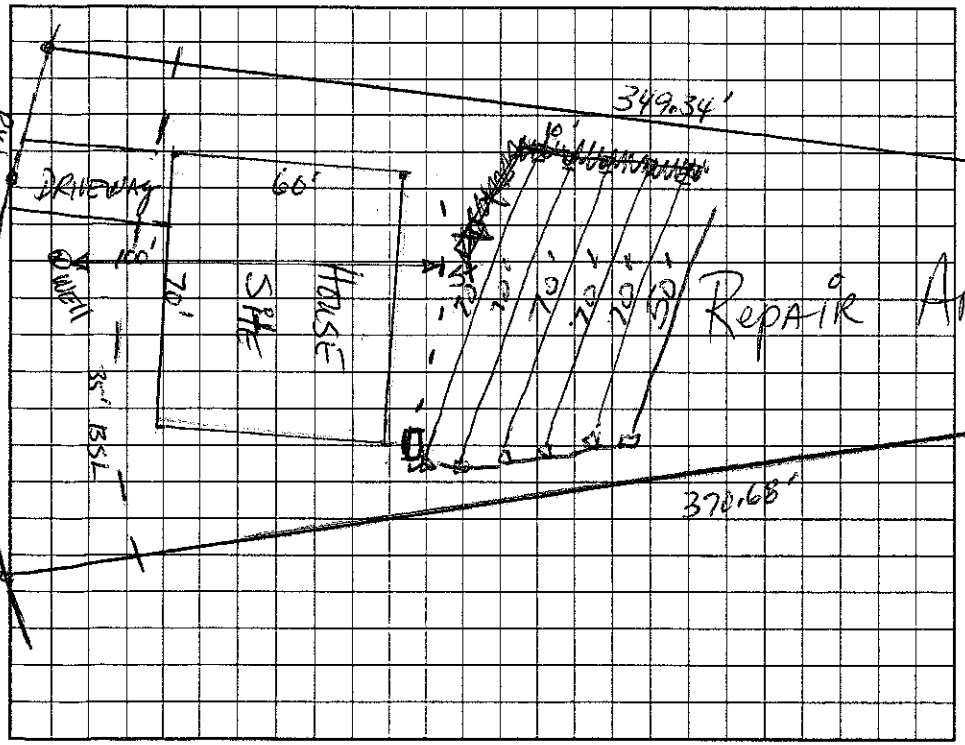
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ ~~Individual~~ ☐ Public ☐ Community

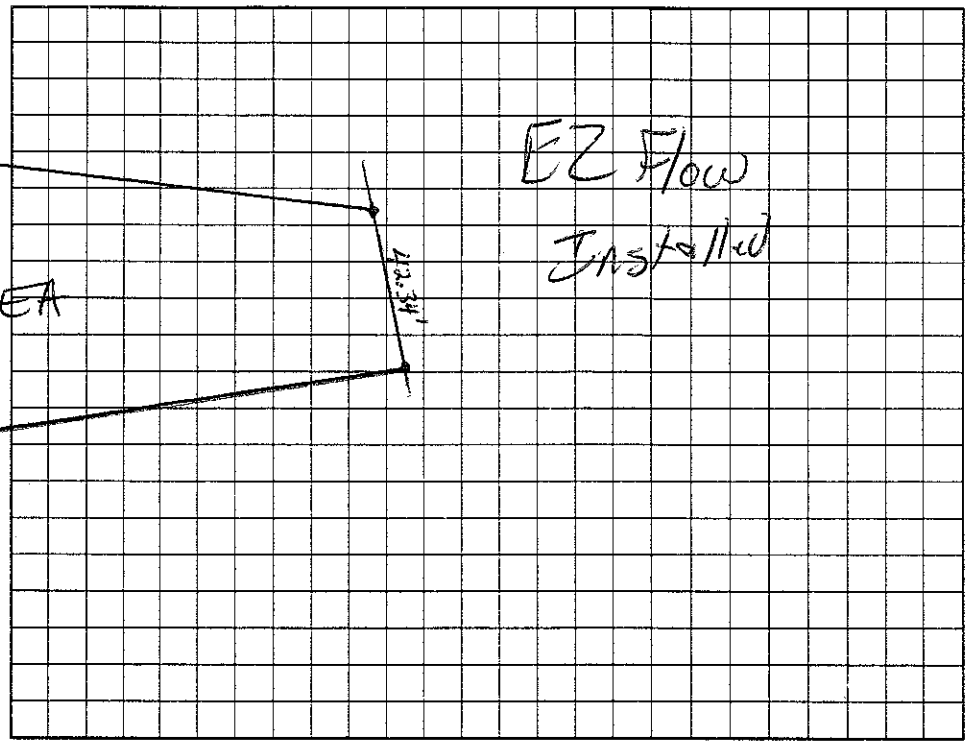
Comments:/Conditions:

Comments:/Conditions:

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 11-22-02 Operation Permit by: _____ date 5/6/04

Authorization to Construct by: _____ date 11/19/03 Existing System Inspection by: _____ date _____

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