IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129821 PIN# 4636257312 4636251382 Bradford DATE 8-30-05

OWNER OR CONTRACTOR Nex Homes / Sara White PHONE: Business 902-5684 Home 894-9242

ADDRESS P.O. Box 4390 Mooresville, NC 28117

LOCATION Brawley School Rd TL Isle of Pines TL Pine Mist Dr. 1st lot on right past Misty Meadows

SUBDIVISION Whispering Oaks BLOCK / SECTION ____ LOT 18 revised LOT AREA 1.13 Acre SITE CLASS. 6 PS DESIGN FLOW 600 gpd L.T.A.R. .3

Septic Tank 1500 Gallons; STB 338 Date 3-10-06
Pump Tank 1500 Gallons; PT 471 Date 3-12-06
Pump Make: Little Giant Model 9EH Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-25% Reduction
Repair System Description: Pump-LP-Panel, BIK Not
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

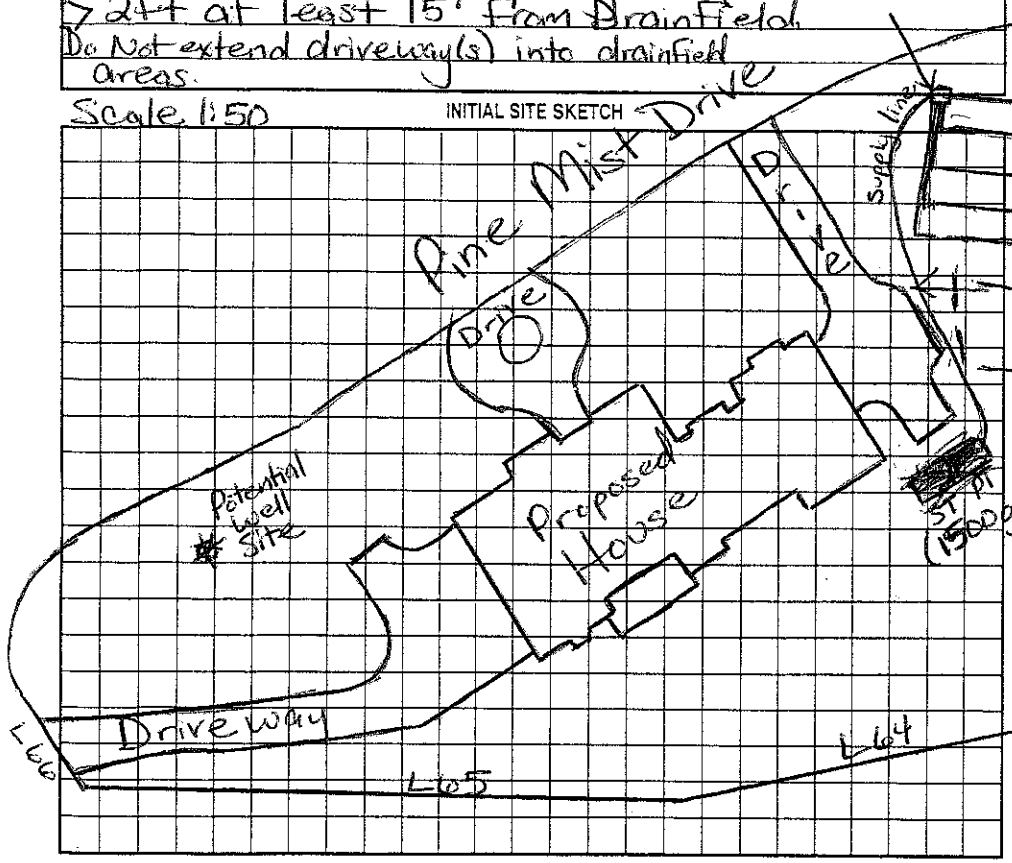
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Note: Must keep any cut (Pressure Manifold (PM) >2ft at least 15' from Drainfield. Do Not extend driveway(s) into drainfield areas.

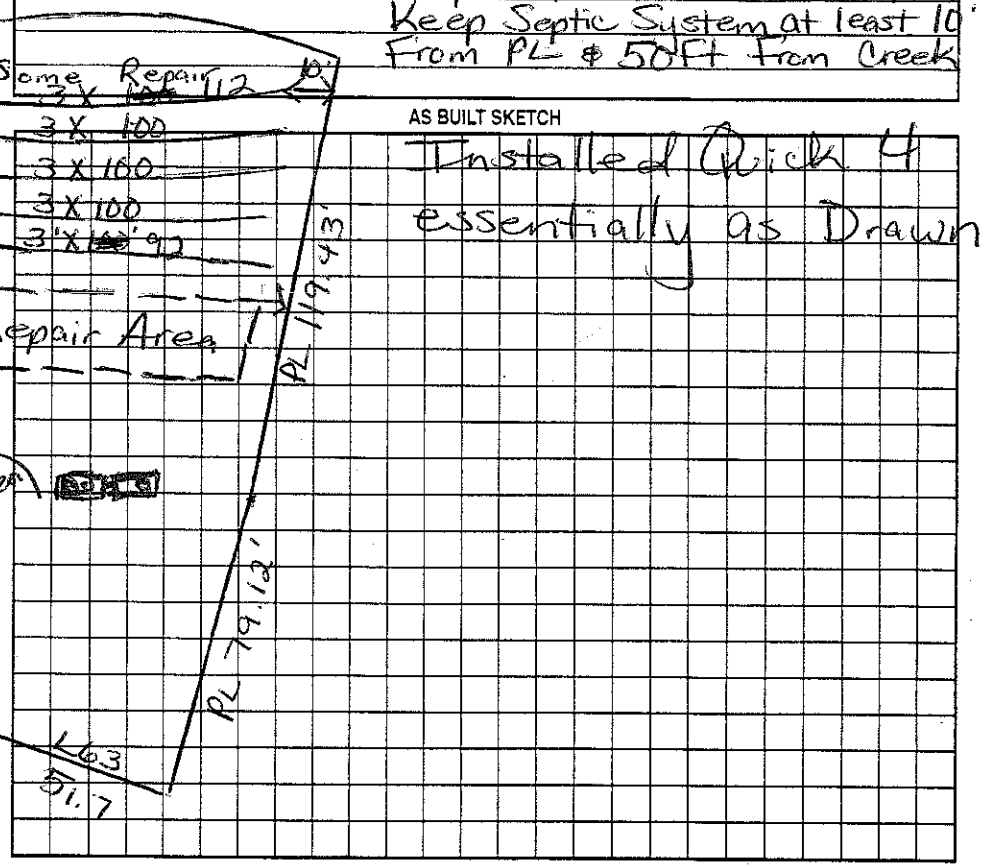
Comments:/Conditions: Keep well at least 25' from House. Keep Septic System at least 10' From PL & 50ft from Creek

Scale 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 8.30.05

Improvement Permit by: Maria H. Dotson RS date 8/30/05

Authorization to Construct by: Maria H. Dotson RS date 8/30/05

Installed by: Richard Abernathy

Operation Permit by: Wendy Apple RS date 8/15/07

Existing System Inspection by: ____ date ____

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