# 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# 108589 PIN# ~~4636216368.1~~ 4636310386 DATE Nov 22, 02

OWNER OR CONTRACTOR Easter Development / ~~Easter Dev.~~ Scotty Brown Business _____ Home _____

ADDRESS 227 Hideaway Ln. Mooresville N.C. 28117

LOCATION Brawley School Rd TR Isle of Pines Rd. TR English Ivy Cv. 1st lot on left

SUBDIVISION Stonegate BLOCK / SECTION _____ LOT 1 LOT AREA .70 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .378

Septic Tank: 1000 Gallons; STB 1007 Date 4/3/06

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

Repair System Description: ~~GravP~~/pump 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

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

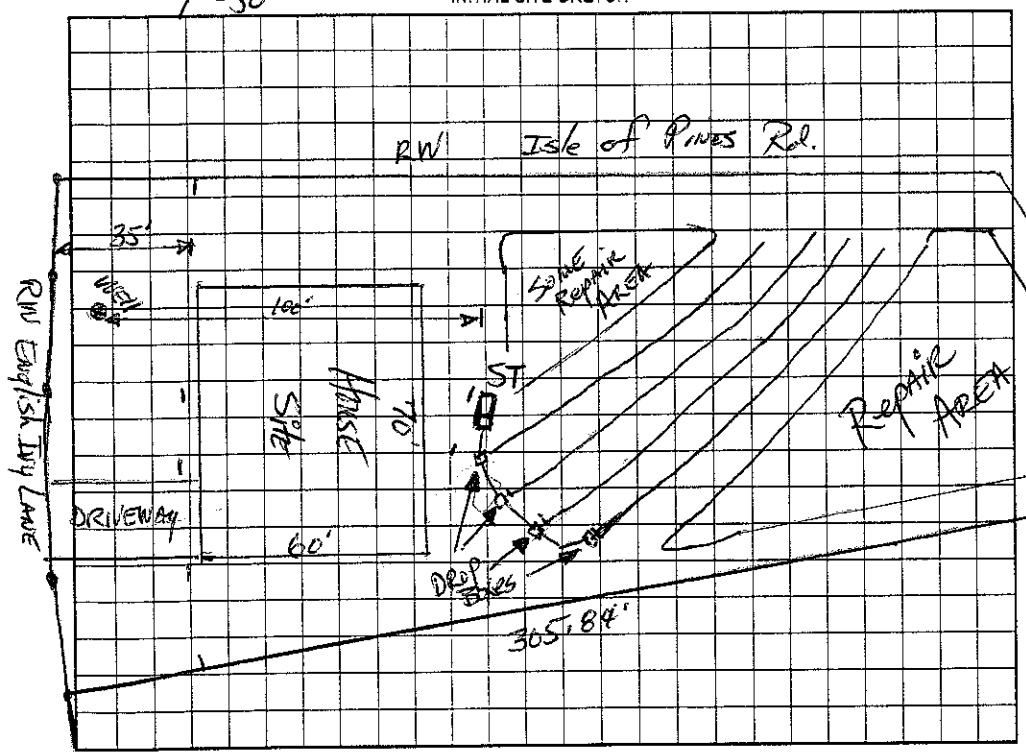
Water Supply: ~~☑~~ Individual ☐ Public ☐ Community

Comments:/Conditions:

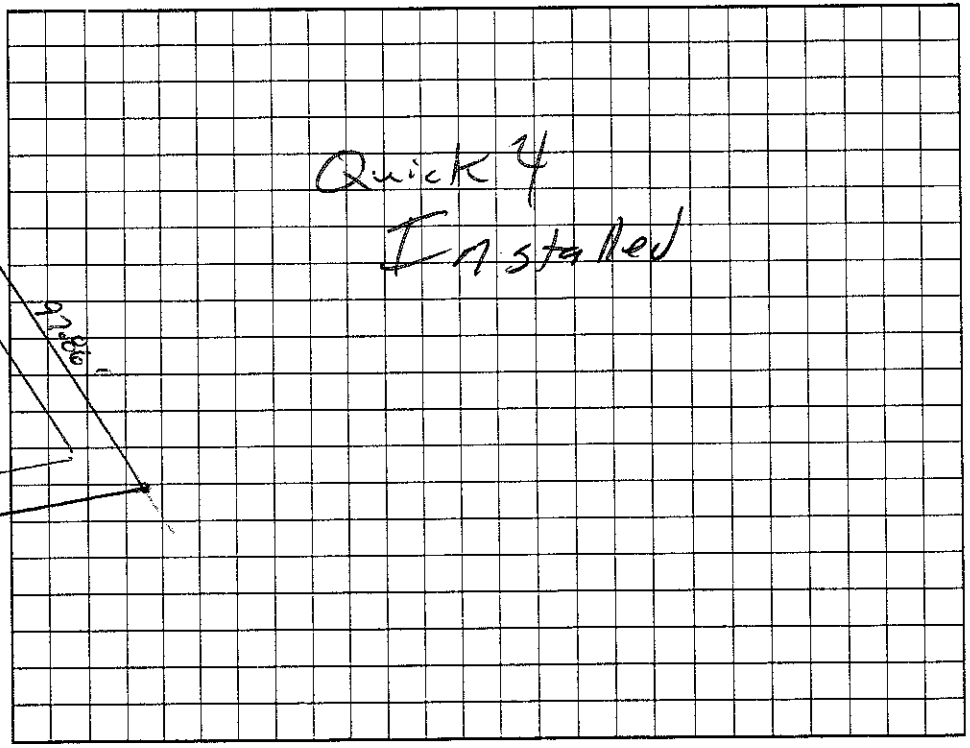
Comments:/Conditions:

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: Abernathy

Improvement Permit by: _____ date 11-22-02 Operation Permit by: _____ RS date 5/22/06

Authorization to Construct by: _____ RS date 2/20/06 Existing System Inspection by: _____ date _____

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