400

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125228 PIN# 4636531220 DATE 11-23-04

OWNER OR CONTRACTOR Flagship Builders PHONE: Business (980) 721-1249 Home 980 721-1242

ADDRESS PO Box 4568 Mooresville, NC 28117

LOCATION Brawley School Rd TC Stutts TR Poinsettia Ln

SUBDIVISION Stutts Cove BLOCK / SECTION _____ LOT 49 LOT AREA .71 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-10-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump - Shallow 25% Reduct
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

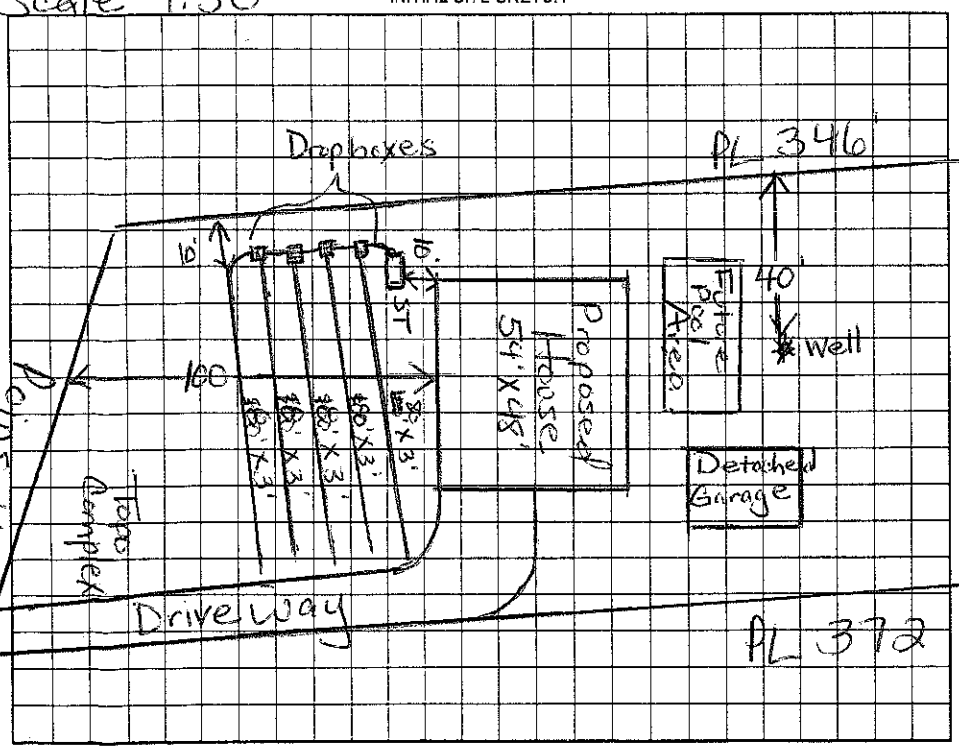
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' to PL. Keep Drainfield Shallow ≤ 24" therefore 50' setback to well

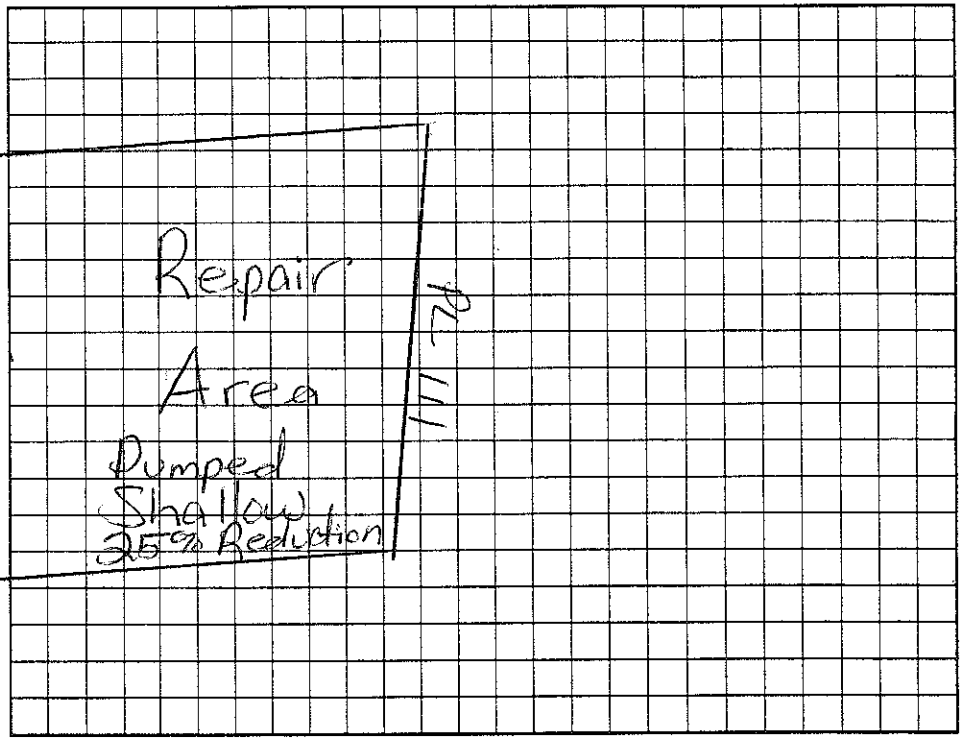
Comments:/Conditions: Filter installed Installed as Drawn, Used "Plastic Chambers"

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: D-gh Haven RS date 11/24/04 Installed by: Richard Abernathy RS

Improvement Permit by: Maia Hill Dotson RS date 11/23/04 Operation Permit by: Maia Hill Dotson RS date 4/15/05

Authorization to Construct by: Maia Hill Dotson RS date 11/23/04 Existing System Inspection by: _____ date _____

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