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# 127265 PIN# 4636884255 Cell DATE 3-31-05

OWNER OR CONTRACTOR Ryan-West Developers LLC PHONE: Business (704) 799-8641 Home 361-1085

ADDRESS 127B Promenade Dr. Mooresville, NC 28117

LOCATION Brawley School Rd TR Canvasback on right just past Fantasy Lane

SUBDIVISION Josh Acres BLOCK / SECTION ____ LOT 2 LOT AREA 1.19 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 (Initial) / .25 Repair

Septic Tank: 1000 Gallons; STB 1067 Date 8-17-05

Pump Tank: 1000 Gallons; PT 274 Date 8-18-05

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 27" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump-PM-25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

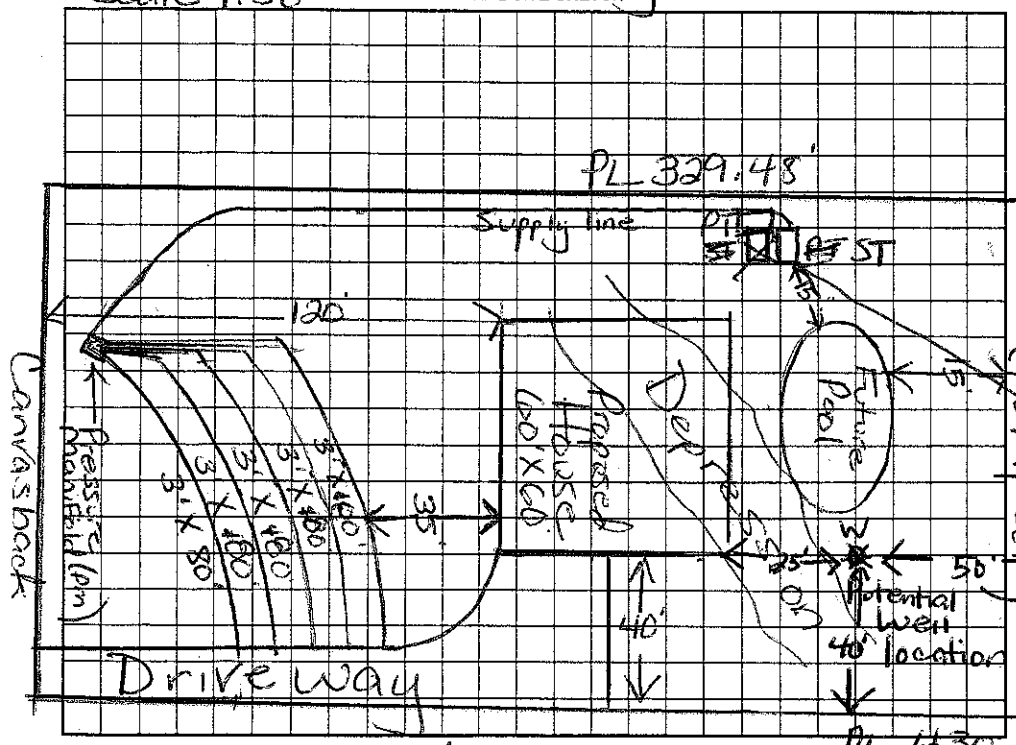
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Note: Must keep well at least 25' From house and 50 Feet From Septic System (including repair area). Stay 10' From side property line.

Comments:/Conditions: Checked tanks & lines 10/8/05

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 5/23/05 Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dolan RS date 3/31/05 Operation Permit by: Judy Mullis date 12-28-05

Authorization to Construct by: Maria H. Dolan RS date 5/31/05 Existing System Inspection by: ____ date ____

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