$315

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125385 PIN# 4636893048 Robert Edelen was PAID 1-18-05

OWNER OR CONTRACTOR Robert Edelen/Avram Zdrinton PHONE: Business 664-4029 Home 658-5116

ADDRESS 272 Spring Run Dr Mooresville NC 28117

LOCATION Brawley School Rd TL Canvasback 3rd lot on right 132

SUBDIVISION Josh Acres BLOCK / SECTION ____ LOT 14 LOT AREA .55 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5-10-05

Pump Tank: 1000 Gallons; PT 302 Date 6-2-05

Pump Make: Zoeller Model N-267 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'

No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI (C)

System Description: Pump-LP-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

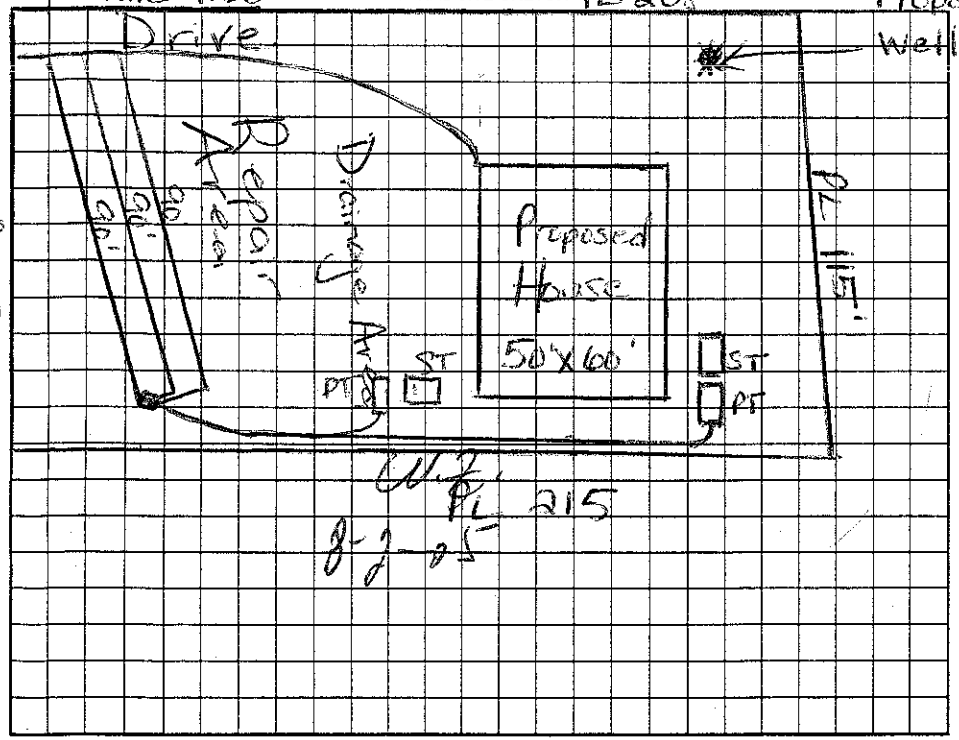
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep Septic System at 10ft from PL. Must keep drive along side of property.

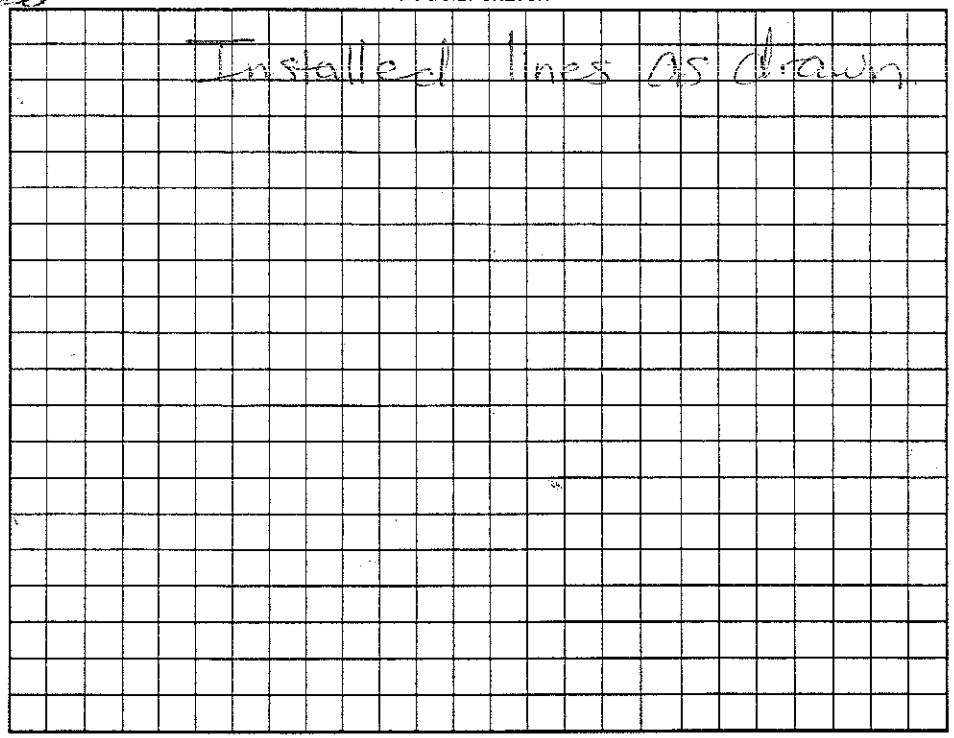
Comments/Conditions: 5/16" hole drilled Checked tanks, lines & pressure 8/3/05

Scale 1:50

INITIAL SITE SKETCH PL 208



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: Robert J Edelen date 1/19/05 Installed by: Rowan Septic

Improvement Permit by: Maine H Nolan RS date 1/18/05 Operation Permit by: G Murray RS date 8/10/05

Authorization to Construct by: Maine H Nolan RS date 1/18/05 Existing System Inspection by: ____ date ____

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