IREDELL COUNTY HEALTH DEPARTMENT

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

Dd $50.00 9/7/04

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

PERMIT# 107368 PIN# ~~4629907412 328~~ 4639002742 DATE 10-11-04

OWNER OR CONTRACTOR Kevin Huff Stefer PHONE: Business 799-0328 Home 704 361-8951

ADDRESS 147 Dobbin Ln Mooresville, NC 28117

LOCATION Brawley School Rd TR Blume TL Beaten Path TL Cicero TL Shavender TL Palmer Marsh TL Archbell on Rt

SUBDIVISION Shavender's Bluff BLOCK / SECTION 3 LOT 325 LOT AREA .76 SITE CLASS. #5 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10/2 Date 5/6/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity-25% Reduction

Repair System Description: Pump - Panel Block

Maintenance Agreement Required: [ ] Yes [X] No

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

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

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

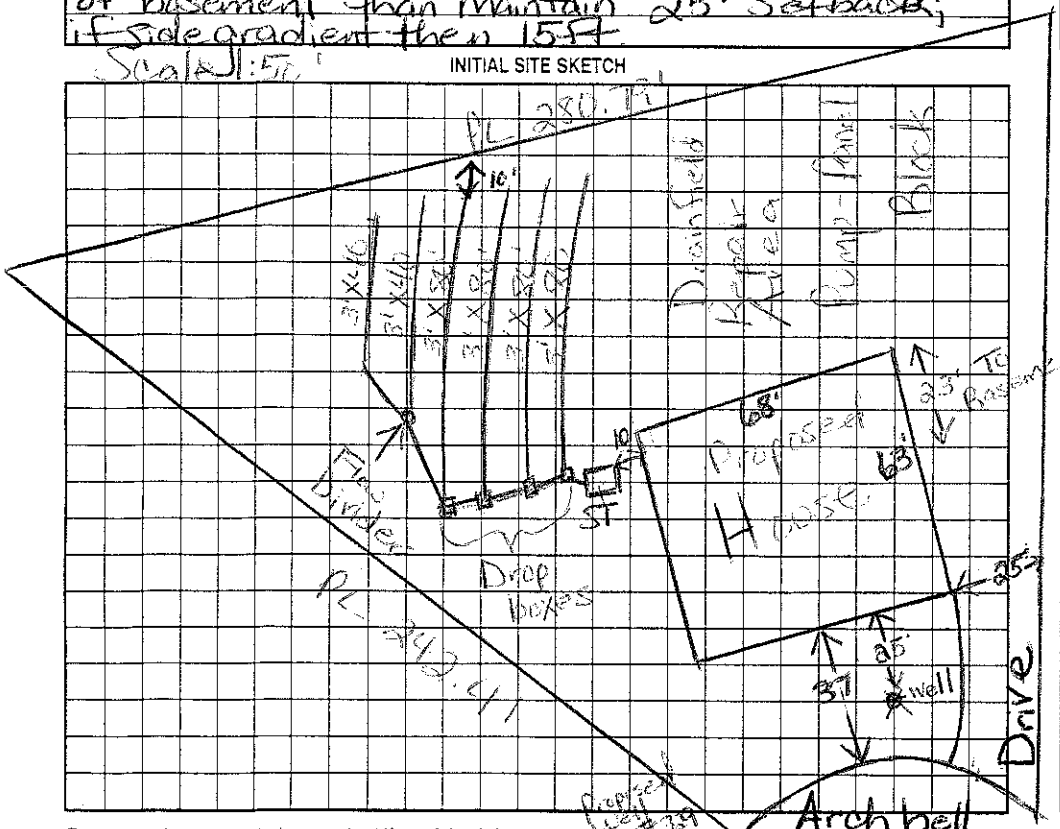
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' to PL
≥ 50' to well. If Drainfield is upgradient of basement than maintain 25' setback; if side gradient then 15ft

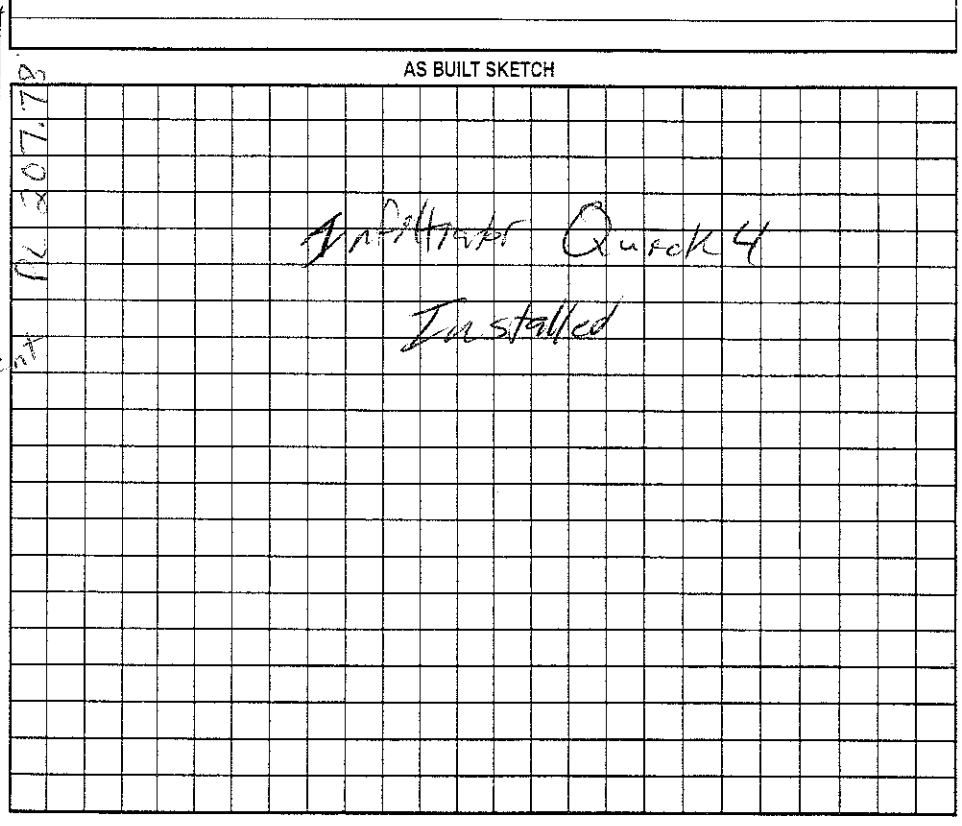
Comments:/Conditions:

INITIAL SITE SKETCH

Scale 1:50'



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 10/22/04 Installed by: C+S

Improvement Permit by: Maria H. Nolan RS date 10/11/04 Operation Permit by: ____ RS date 11/9/05

Authorization to Construct by: Maria H. Nolan RS date 10/12/04 Existing System Inspection by: ____ date ____

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