IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095184 PIN# 4637-02-0232 DATE 5/5/03

OWNER OR CONTRACTOR Graham Brown PHONE: Business _____ Home 704 875-3249

ADDRESS 143 Executive Dr Cerro Gordo NC 28511

LOCATION Brawley Sch TR Blume TL Beaten Path 2nd Lot past Forest Cove on Rt

SUBDIVISION Shavenders Bluff BLOCK / SECTION _____ LOT 6 LOT AREA 1.33 AC SITE CLASS PS DESIGN FLOW 440 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 2-4-03
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 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Grab/Pump 25% Red
Maintenance Agreement Required: ☐ Yes ☒ No

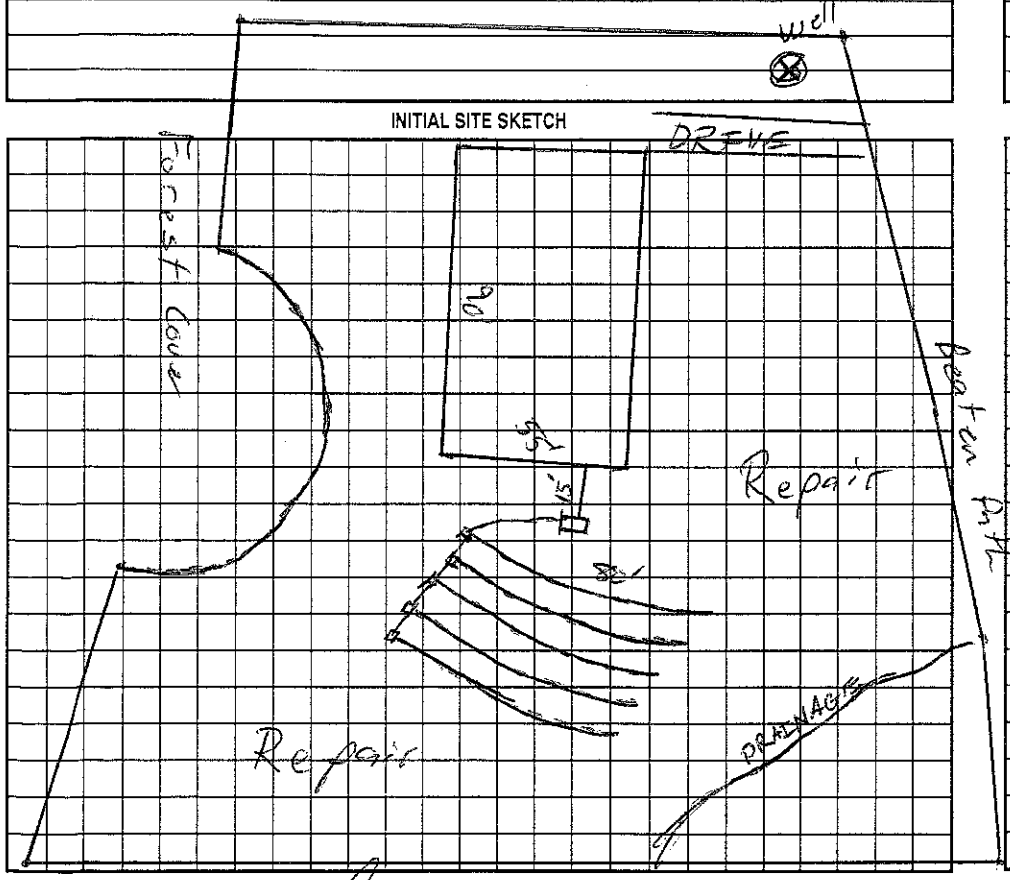
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Greyfitter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

Used EZ Flow

Drainfield

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 5/14/03 Installed by: Mike Kidd

Improvement Permit by: _____ RS date 5/5/03 Operation Permit by: _____ RS date 5/14/03

Authorization to Construct by: _____ RS date 5/5/03 Existing System Inspection by: _____ date _____

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