IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100348 PIN# ~~4637-21-4601(pt)~~ 4637-12-6386 DATE June 26, 01

OWNER OR CONTRACTOR Blume Road Partners / Mac McCormick PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Rd. Mooresville N.C. 28117

LOCATION Brawley Sch. Rd TR Blume on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 15 LOT AREA .76AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-6-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity Innovative -25% Red.

Repair System Description: Gravity/LPP Innovative

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

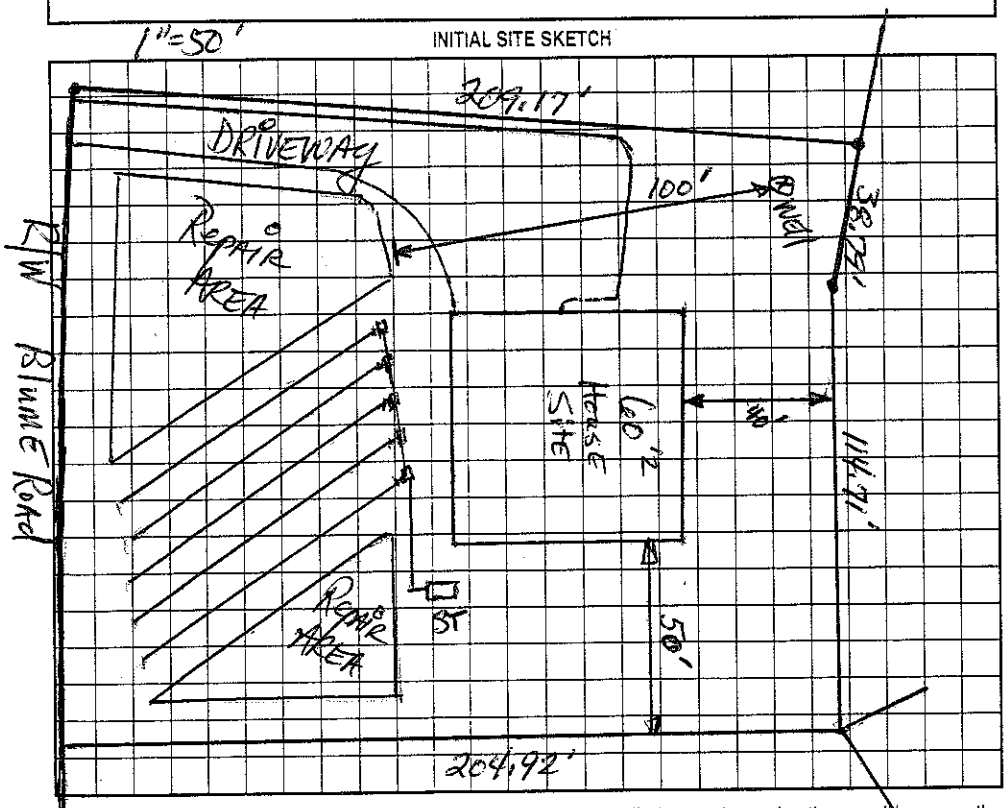
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Filter installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed "Plastic Chambers" for Drainfield as shown

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 7.17.01

Improvement Permit by: Mark R. Hamm, RS date 6-26-01

Authorization to Construct by: _____ date 10/12/01

Installed by: Tommy Fryer Grading

Operation Permit by: _____ date 5/4/2006

Existing System Inspection by: _____ date _____

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