IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100349 PIN# ~~4637 21 4661 (pt)~~ 4637-12-6510 DATE June 26, 01

OWNER OR CONTRACTOR Blume Road Partners / Byers Builders PHONE: Business _____ Home _____

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

LOCATION Bramley Sch. Rd. TR Blume Rd. on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 16 LOT AREA .79Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 10/8/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Grav/pumped Innovative 25% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

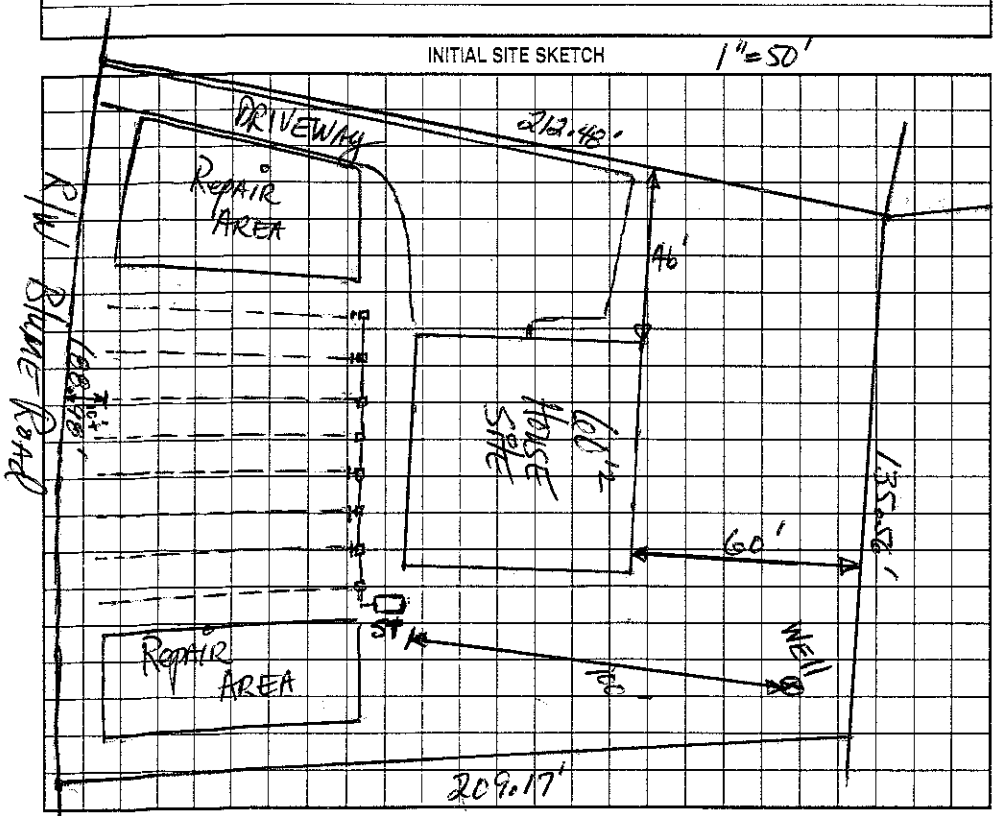
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed in 7@70' + 1@40'

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 6.29.01 Installed by: Mitchell Grading

Improvement Permit by: _____ date 6-26-01 Operation Permit by: _____ RS date 3/27/02

Authorization to Construct by: _____ date 9/4/01 Existing System Inspection by: _____ date _____

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