IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 100355 PIN# 4637-21-4601 (pt) 4637-12-9496 DATE June 20, 01

OWNER OR CONTRACTOR Blume Road Partners // Nick A. Miller PHONE: Business ______ Home ______

ADDRESS 114 Yacht Cove Mooresville NC 28117

LOCATION 172 Brawley Sch Rd TL Blume TR Patternote on Right

SUBDIVISION [redacted] Devonshire BLOCK / SECTION ______ LOT 27 LOT AREA 1.6 AC SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-27-01

Pump Tank: 1000 Gallons; PT 17 Date 2-13-01

Pump Make: Goulds Model WE0511H Serial No. MO130396

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 410

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pm - Innovative

Repair System Description: pm/LP Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ______

☐ Other ______

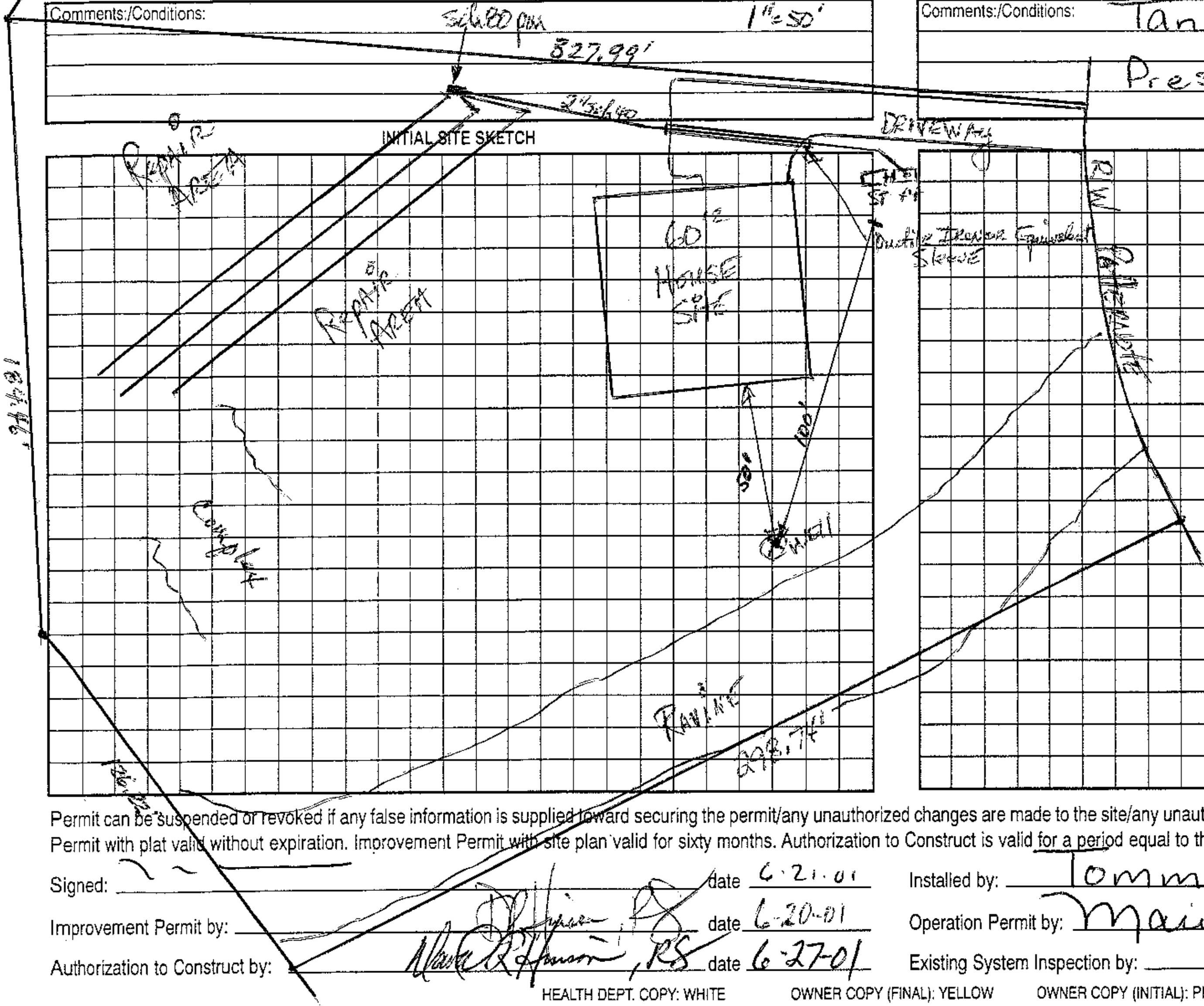
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Tanks & lines checked 12/28/01 Pressure checked 1/7/02

INITIAL SITE SKETCH



AS BUILT SKETCH

See Attached for Pool Plan

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 6-21-01

Improvement Permit by: [signature], RS date 6-20-01

Authorization to Construct by: [signature], RS date 6-27-01

Installed by: Tommy Frye

Operation Permit by: [signature], RS date 2/8/2002

Existing System Inspection by: ______ date ______

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