IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30

125.00 Pd

PERMIT# 100273 PIN# ~~4637921460~~ 4637-21-0842 DATE June 25, 01

OWNER OR CONTRACTOR Blume Road Partners / JEC Assoc. PHONE: Business _____ Home _____

ADDRESS 149 Yacht Rd. Mooresville NC 28117

LOCATION N. Brawley Sch Rd TR Blume Rd. on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 9 LOT AREA .70 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 901 Date 6-10-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 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: LPP Innovative or PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

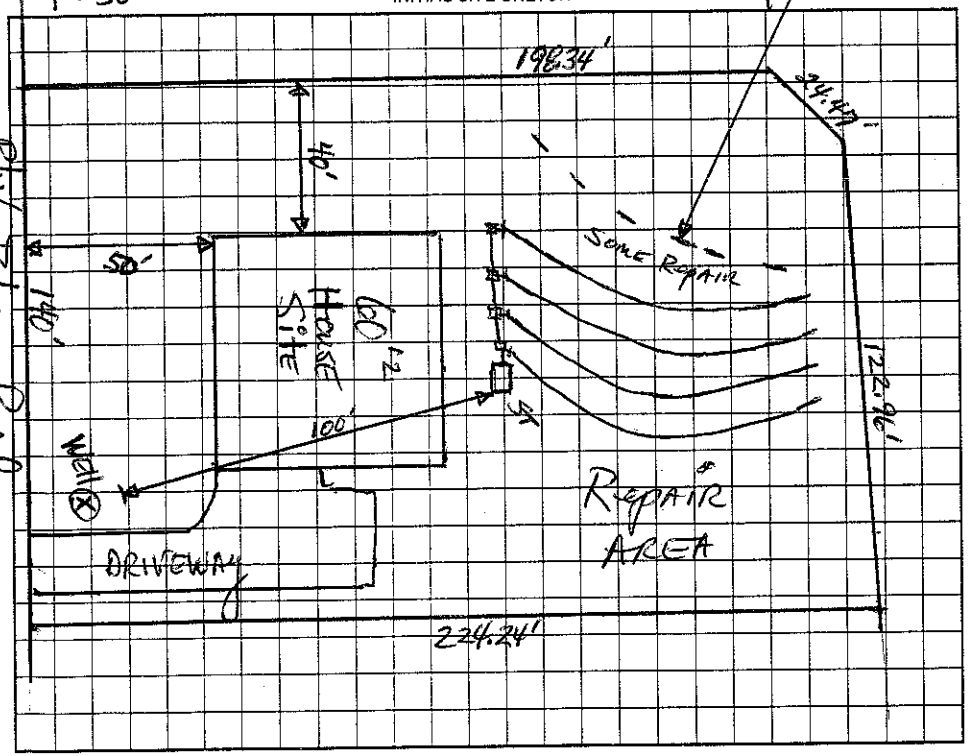
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

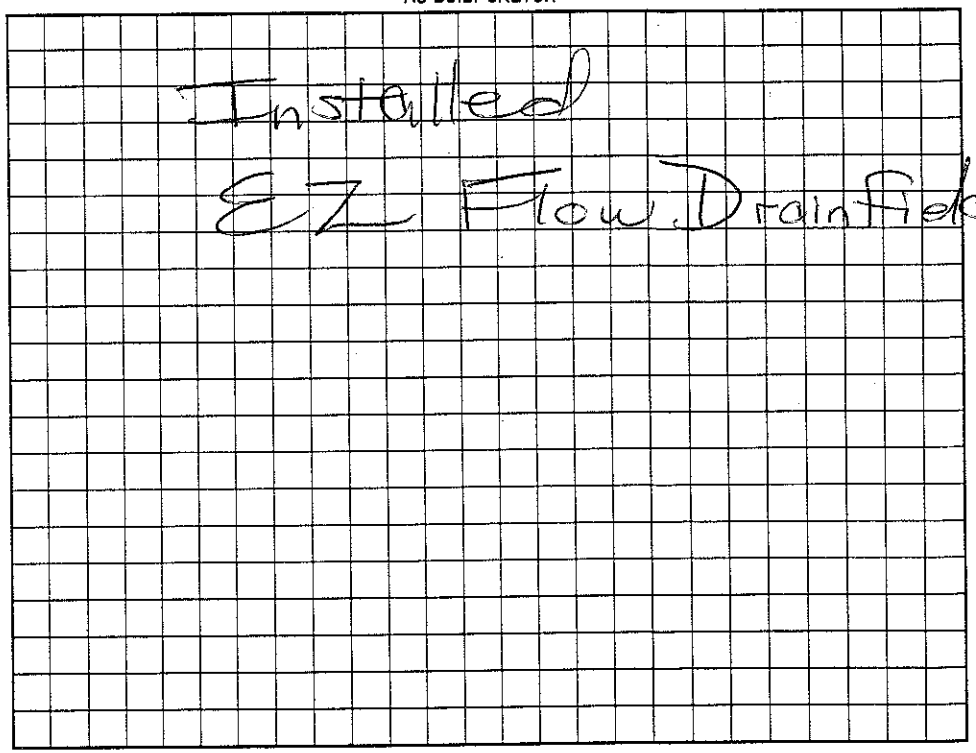
Comments/Conditions: * Note: Site visit 11/10/03 Lowest initial line will be ~~N 85°~~ to well on Lot #11 trench bottom can not exceed 36" MD

Comments/Conditions: Lowest line installed 88' from well on Lot #11, trench bottom 24" on lower lines MD

INITIAL SITE SKETCH



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 6-29-01

Improvement Permit by: _____ date 6-25-01

Authorization to Construct by: _____ date 10/7/03

Installed by: Cline & Gilleland Inc.

Operation Permit by: _____ date 11/12/03

Existing System Inspection by: _____ date _____

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