(2,100)

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PERMIT# 100274 PIN# ~~4637-21-4601 (Lot)~~ 4637-21-1979 DATE June 25, 01

OWNER OR CONTRACTOR Blume Road PARTNERS // JEC Associates PHONE: Business _____ Home _____

ADDRESS 149 Yacht Road Mooresville NC 28117 // PO Box 366 Sherrills Ford 324 Blume

LOCATION o Brawley School RD TR Blume Road on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 10 LOT AREA 1.11Ac SITE CLASS. AS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 901 Date 9/6/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 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: LPINNOVATIVE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

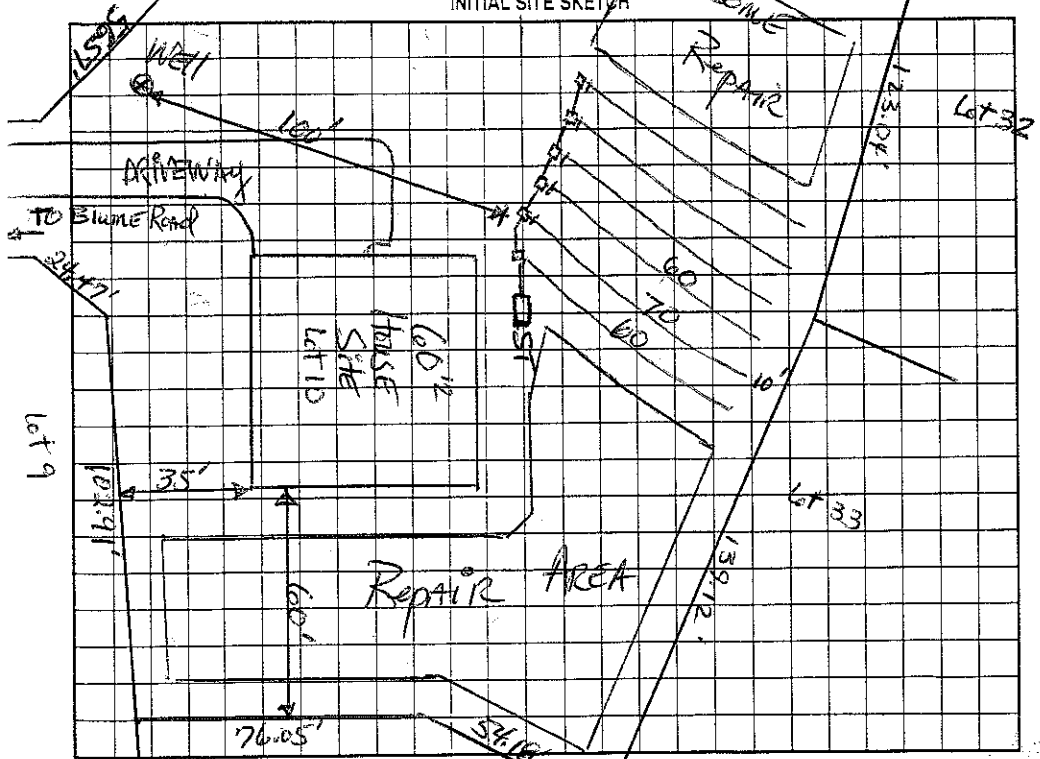
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 200.97 ERODED

1"=50'

INITIAL SITE SKETCH



Comments:/Conditions: 5/16/03 4 bottom trenches left open during heavy rain, standing water in supply ditch & some lateral trenches. EZ-Flow floated in line 3, 4 & 5 & possibly other lines. OK 6/12/03

AS BUILT SKETCH

Installed EZ Flow as Drawn

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 Installed by: Cline & Gilleland

Improvement Permit by: _____, RS date 6-25-01 Operation Permit by: _____ date 6/12/03

Authorization to Construct by: _____, RS date 8-1-02 Existing System Inspection by: _____ date _____

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