3,00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100288 PIN# 4637 21 4601 (pt) 4637-21-2499 DATE 6/7/01

OWNER OR CONTRACTOR BLUME RD PARINGS (PLATINUM DEVELOPMENT PHONE: Business _____ Home _____

ADDRESS 149 YACHT COVE MOORESVILLE

LOCATION BRAWLEY SCHOOL - TR BLUME RD - ON RT

SUBDIVISION DEVONSHIRE BLOCK / SECTION _____ LOT 6 LOT AREA .176 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .30+00 IPT =

Septic Tank: 1000 Gallons; STB 1012 Date 6-30-01
Pump Tank: 1000 Gallons; PT 17 Date 2-1-2001
Pump Make: Myers Model ME40 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

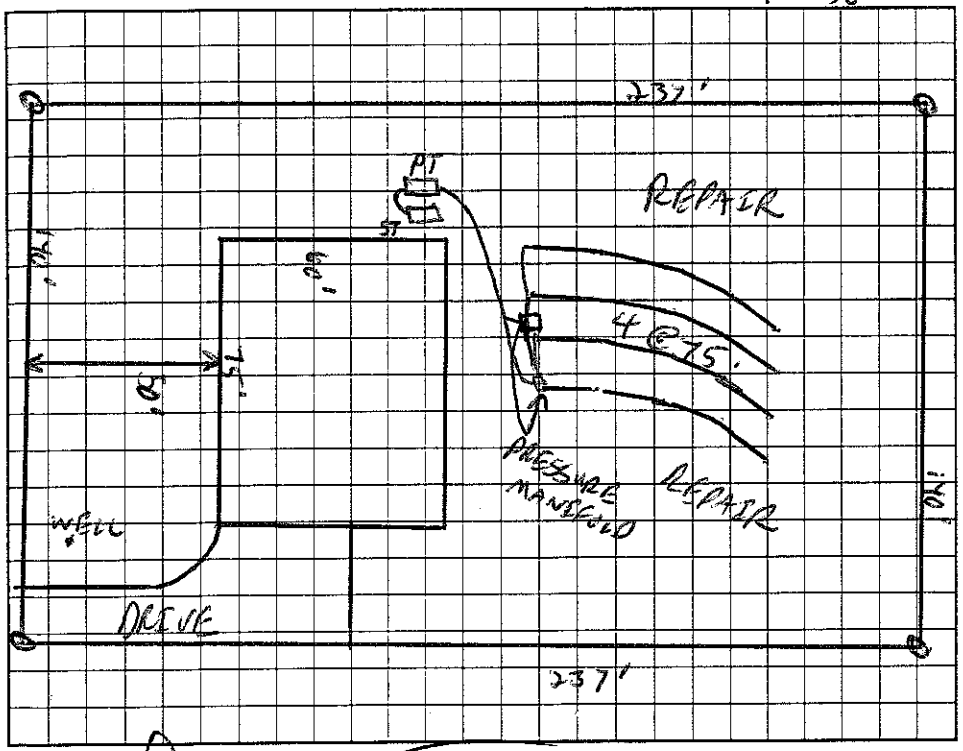
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Checked tanks & lines 11/30/2001 MJ
Pressure checked 11/1/01

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed 1¼" Plastic Chamber 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 06/11/01 Installed by: Richard Abernathy

Improvement Permit by: C Lyon RS date 6/7/01 Operation Permit by: Maria Dotson RS date 12/17/01

Authorization to Construct by: C Lyon RS date 6/7/01 Existing System Inspection by: _____ date _____

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