IREDELL COUNTY HEALTH DEPARTMENT

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

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

125.00 Paid 3.00

PERMIT# 100347 PIN# ~~4637 21 4601 (01)~~ 4637-21-2600 DATE June 25, 01

OWNER OR CONTRACTOR Blume Road Partners // Compagna Homes Inc. PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Mooresville / NC 28117

LOCATION Brawley Sch Rd. TR Blume Rd. on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 7 LOT AREA .72 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 825 Date 3/5/02
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: Gracity Innovative-25% Red
Repair System Description: Same
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

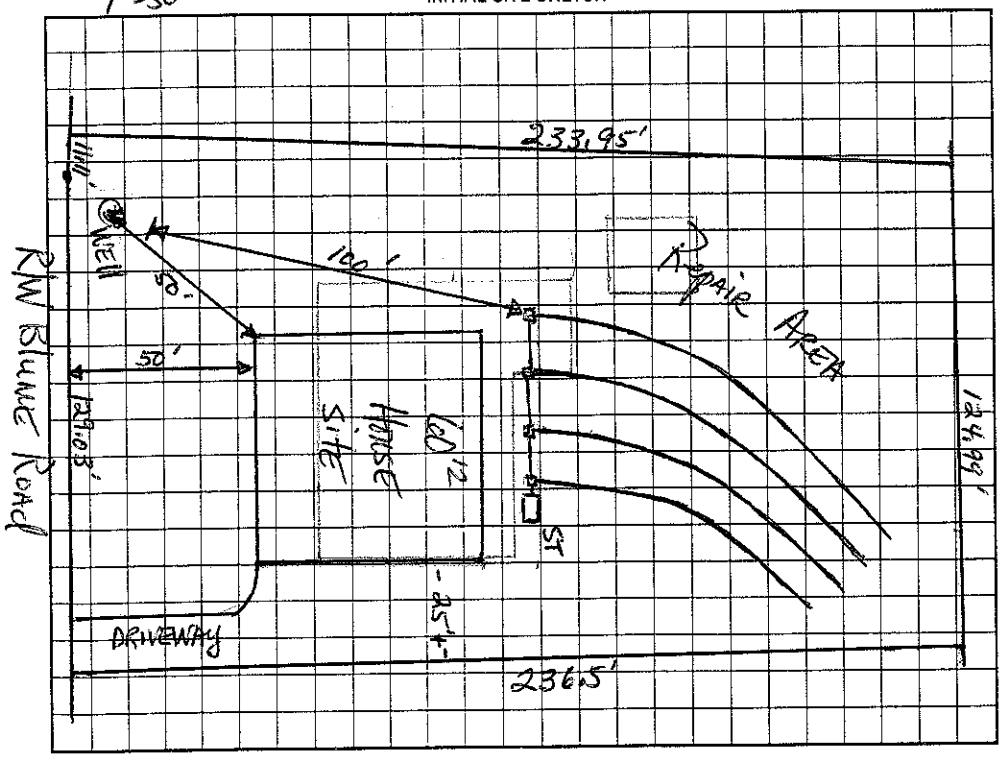
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
11-20-01 Reviewed floor plan; appears substantially in compliance w/ IP sketch. OK to have driveway on left side - Draft

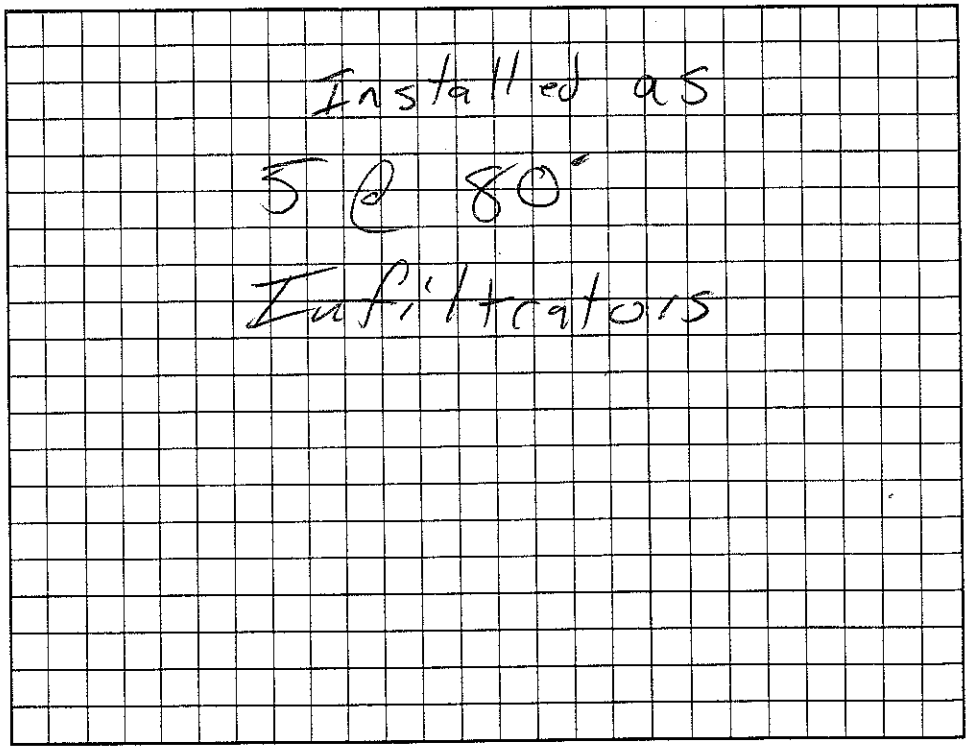
Comments:/Conditions:

1"=50'

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 Installed by: Rowan Septic

Improvement Permit by: _____ date 6-25-01 Operation Permit by: _____ RS date 8/29/02

Authorization to Construct by: _____ date 11-20-01 Existing System Inspection by: _____ date _____

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