IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

3'3~'

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

PERMIT# 100287 PIN# ~~4637-72-4460~~ 4637-21-3378 DATE Feb 1, 02

OWNER OR CONTRACTOR Blume Road Partners / ES Johnson Builders PHONE: Business _____ Home _____

ADDRESS PO Box 1402 Cornelius 28031

LOCATION Brawley Sch Rd. TR Blume on Right just before get w/ Beaton Path

SUBDIVISION Devonshired BLOCK / SECTION _____ LOT 5 LOT AREA .76 ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11-26-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 @ 100' 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 Innoflow E-25% Red

Repair System Description: Innoflow or PPPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

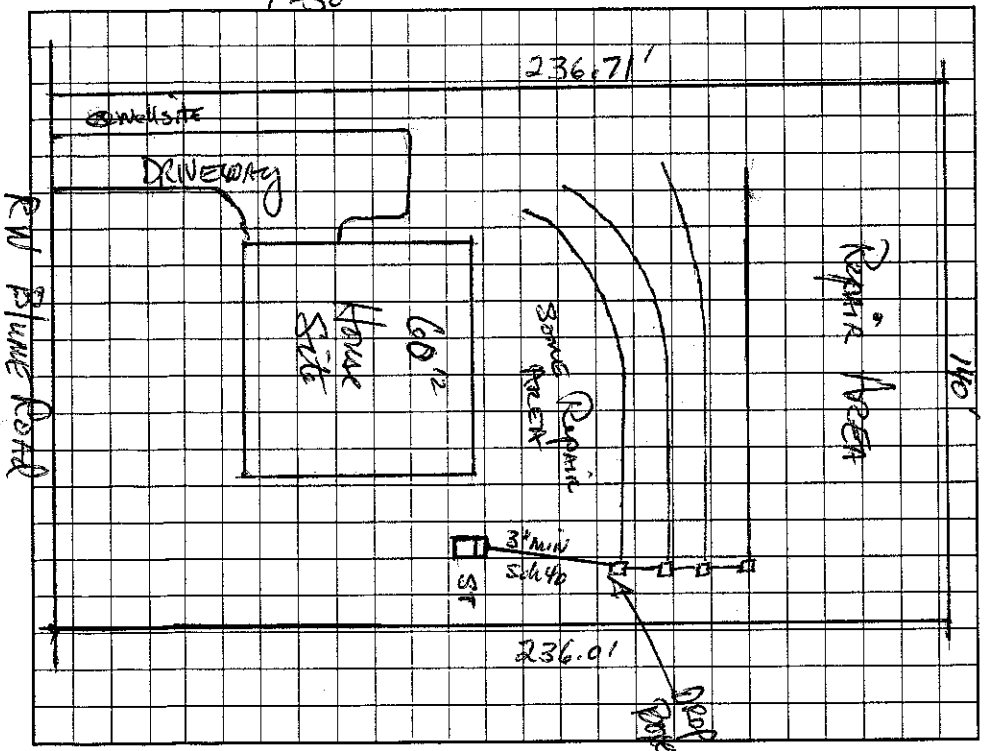
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

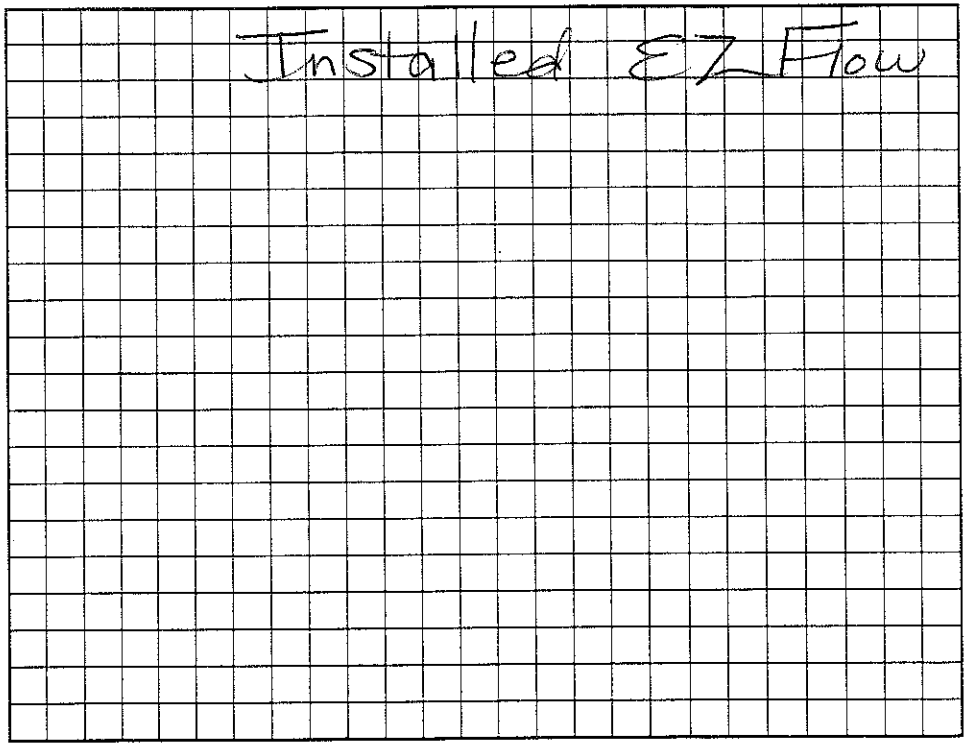
Comments:/Conditions: This permit replaces permit issued 06-1-01

Comments:/Conditions: Filter installed

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 2/4/02 Installed by: Upright Grading

Improvement Permit by: _____ date 2-1-02 Operation Permit by: Mark H. Watson RS date 2/4/2002

Authorization to Construct by: _____ date 2-1-02 Existing System Inspection by: _____ date _____

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