IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 100271 PIN# 4637-21-4267 (Lot) 4637-17-1601 DATE June 20, 01

OWNER OR CONTRACTOR Blume Road Partners PHONE: Business _____ Home _____

ADDRESS 149 Yadkin Cove Mooresville N.C. 28117

LOCATION Brawley School RD TR Blume Road on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 4 LOT AREA 2.76 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3 Acres

Septic Tank: 1500 Acres Gallons; STB 920 Date 9/24/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 X @ 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 Lines at the 25% Rule ~~Sand~~ 16" PVC

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 5 No. Bathrooms 2 No. Employees _____

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

Water Supply: ~~☑~~ Individual ☐ Public ☐ Community

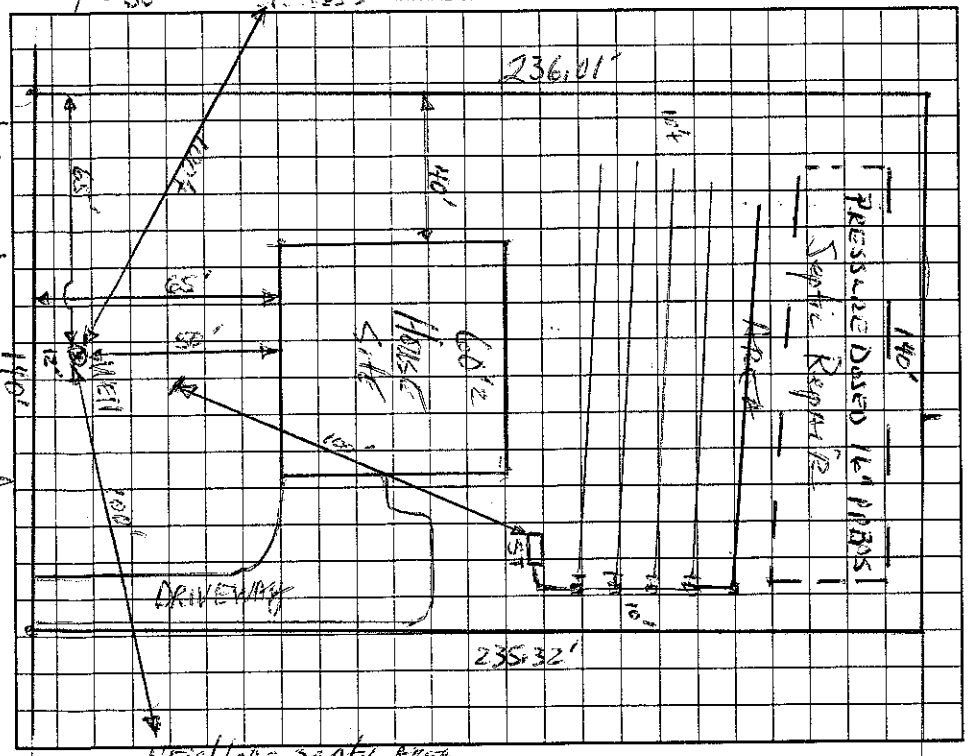
Comments:/Conditions: (5 lines at 100' required)

Comments:/Conditions:

INITIAL SITE SKETCH

1"=50'

Area of Neighbors Septic



AS BUILT SKETCH

EZ Flow Installed

Well Not installed / House Not Built At Time of Inspection

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 6-21-01

Improvement Permit by: _____ date 6-20-01

Authorization to Construct by: Wesley Sparks RS date 5/4/04

Installed by: Cline + Gillum

Operation Permit by: _____ RS date 5/12/04

Existing System Inspection by: _____ date _____

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