IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100369 PIN# 4637-21-4601 (pt) 4637310189 DATE July 6, 01

OWNER OR CONTRACTOR Blume Road Partners / Edwards Const PHONE: Business _____ Home _____

ADDRESS 149 Yacht Cove Mooresville N.C. 28117

LOCATION Brawley Sch Rd. TR Blume TR Patterwate on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 41 LOT AREA 1.07Ac SITE CLASS. 5B DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3/24/02
Pump Tank: 1000 Gallons; PT 17 Date 12/4/01
Pump Make: Little Giant Model 9EH Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1605 Linear Feet 535
No Lines 5@107 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - Conventional
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

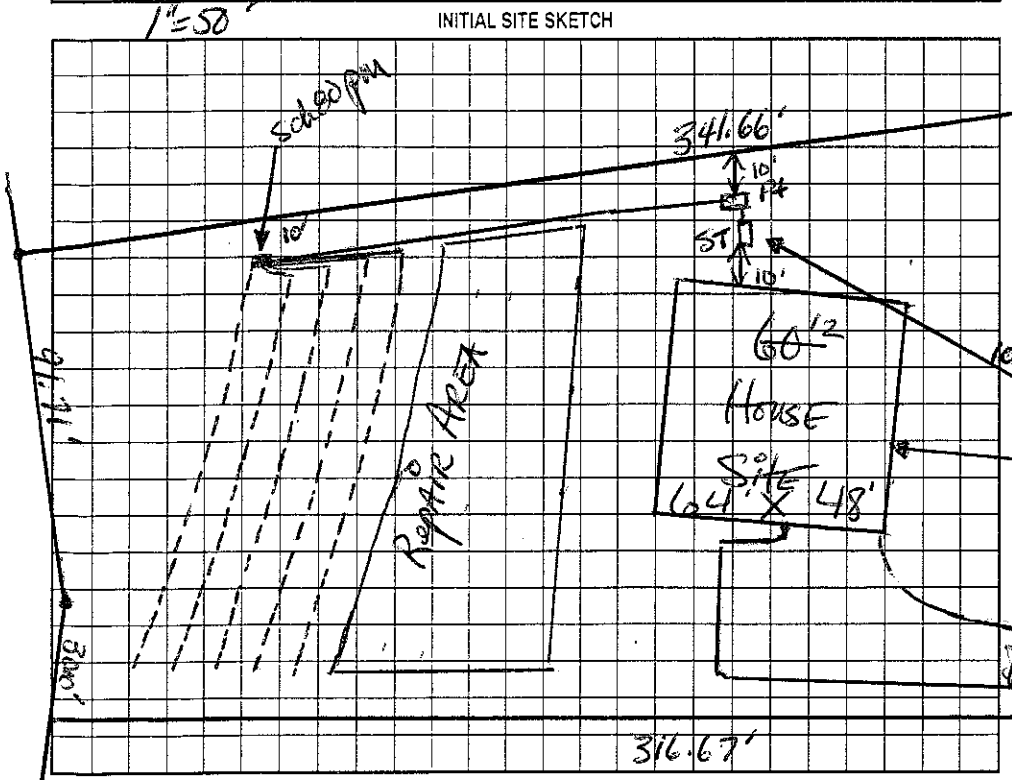
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 100' to well

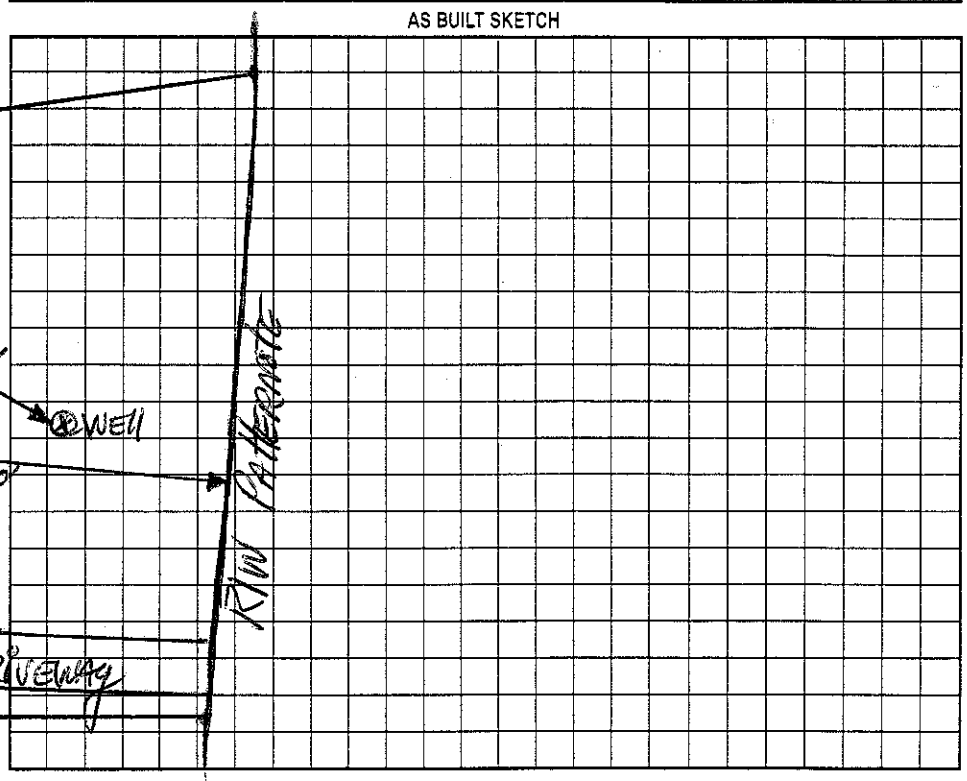
Comments:/Conditions: Okay to put driveway on other side. Reviewed plans 12/4/01

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 7.17.01 Installed by: Richard Abernathy

Improvement Permit by: _____ date 7-6-01 Operation Permit by: _____ RS date 8/30/02

Authorization to Construct by: _____ RS date 12/4/01 Existing System Inspection by: _____ date _____

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