IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100368 PIN# 4637-21-3671 4637310362 DATE July 5, 01

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

ADDRESS 149 Gault Cove Rd. Mooresville N.C. 28117

LOCATION Brawley Sch Rd. TR Blume TR Patternote on Right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 40 LOT AREA 1.10Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 12/3/01
Pump Tank: 1000 Gallons; PT 19 Date 1/6/02
Pump Make: Little Giant Model 9E44 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

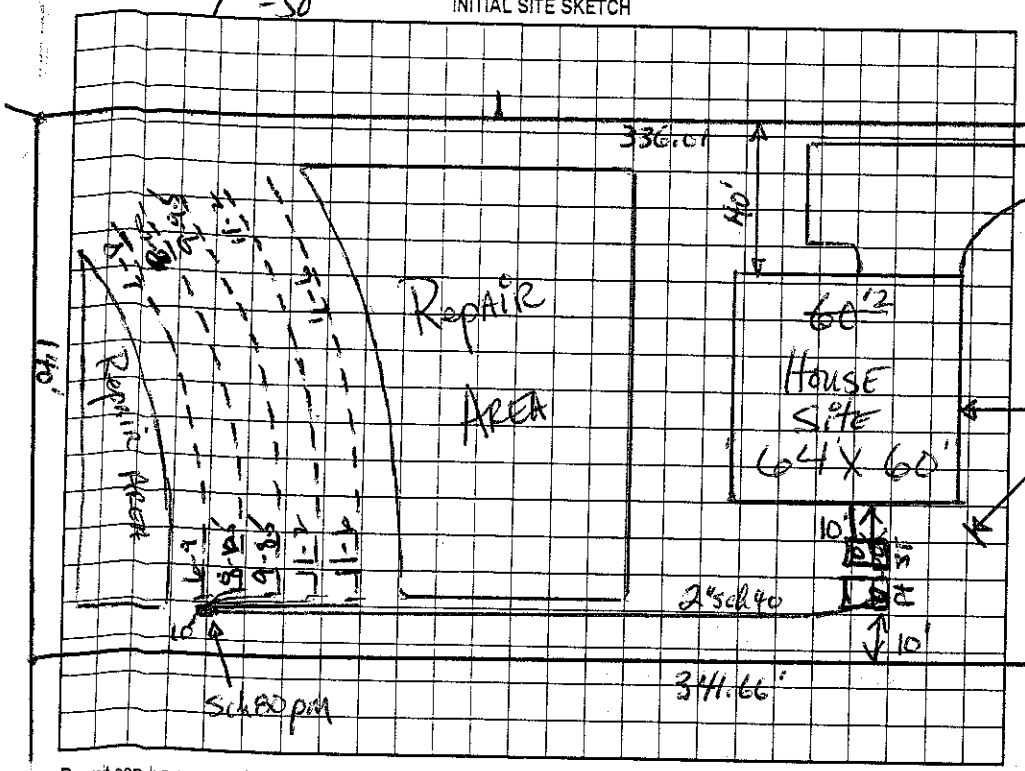
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at east 10' from PL a 100' to well

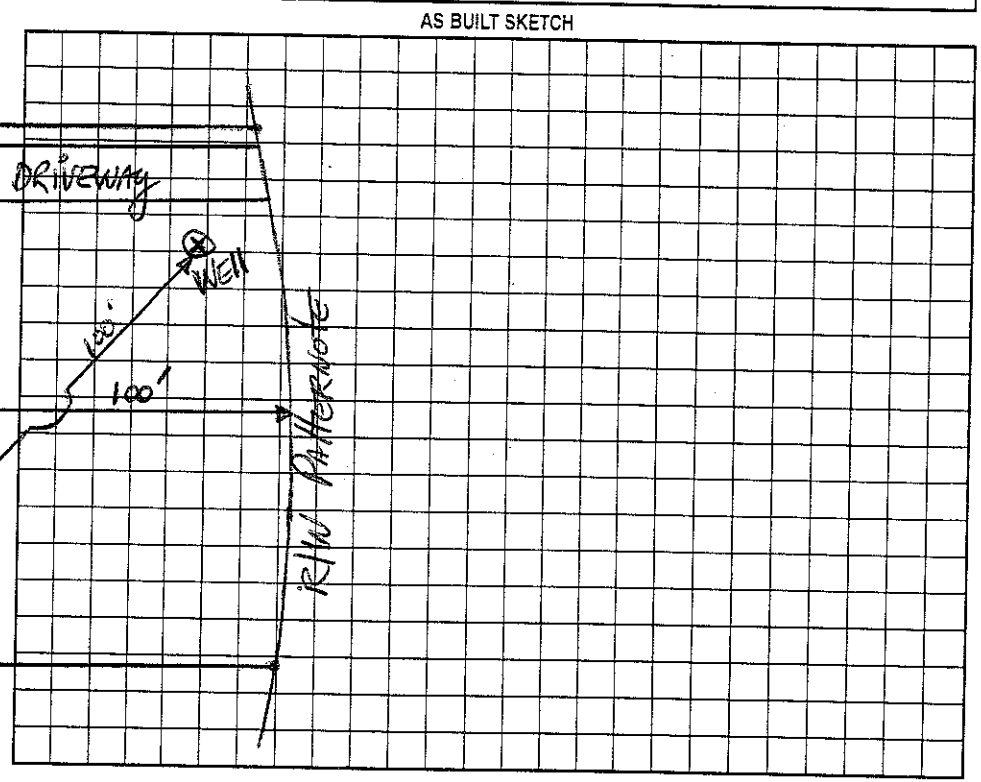
Comments/Conditions: Reviewed plans 12/4/01

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

Improvement Permit by: Maria R. Hanson, RS date 7-5-01

Authorization to Construct by: Maria R. Hanson R.S. date 12/4/01

Installed by: Richard Abernathy

Operation Permit by: _____ RS date 6/6/02

Existing System Inspection by: _____ date _____

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