IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 116237 PIN# 4637 35 0582 DATE 10/30/03

OWNER OR CONTRACTOR Jerry Blackburn PHONE: Business 336-838-1954 Home

ADDRESS 297 Whippoorwill Rd. Mooresville, NC. 28117

LOCATION 150 W TL Doolie Rd. approximately 1 mile on ©

SUBDIVISION CL+T BLOCK / SECTION 10 LOT 38 LOT AREA .84 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7/2/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

[X] New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Infinity - 2570 Reduced
Repair System Description: < 83 Recorded
Maintenance Agreement Required: ☐ Yes [X] No

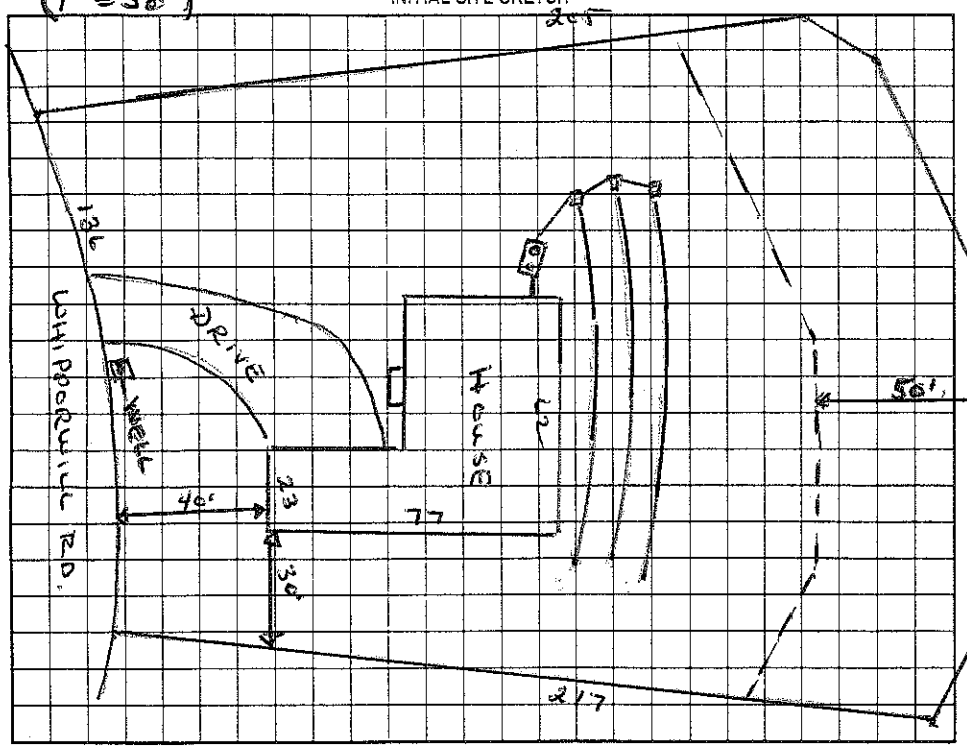
[X] House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space [X] Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
[X] Individual
☐ Public
☐ Community

Comments:/Conditions: Lines must closely follow slope contours in area shown.

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 50')



AS BUILT SKETCH

EZ Flow Installed As Drawn

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: [signature] date 10-31-03 Installed by: James Hudler Backhoe

Improvement Permit by: Wesley Sparks RS. date 10/31/03 Operation Permit by: [signature] RS date 8/6/04

Authorization to Construct by: Wesley Sparks RS. date 10/31/03 Existing System Inspection by: _____ date _____

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