IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280 MOORESVILLE 704-664-5281 3:00

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

PERMIT# 125975 PIN# ~~4637 36 7420 000~~ 4637-35-3549 DATE 2/4/05

OWNER OR CONTRACTOR Brent Crawford PHONE: Business _____ Home 704-662-7790

ADDRESS 340 Whippoorwill Rd. Mooresville, NC. 28117

LOCATION 150 W. on Deaton Rd. TR Whippoorwill Rd. to end, driveway on (R)

SUBDIVISION Blanton Property BLOCK / SECTION _____ LOT 3 LOT AREA _____ SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 2-8-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100
No Lines 1@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth N/A

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: ADDITIONAL - 25% Reduced
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

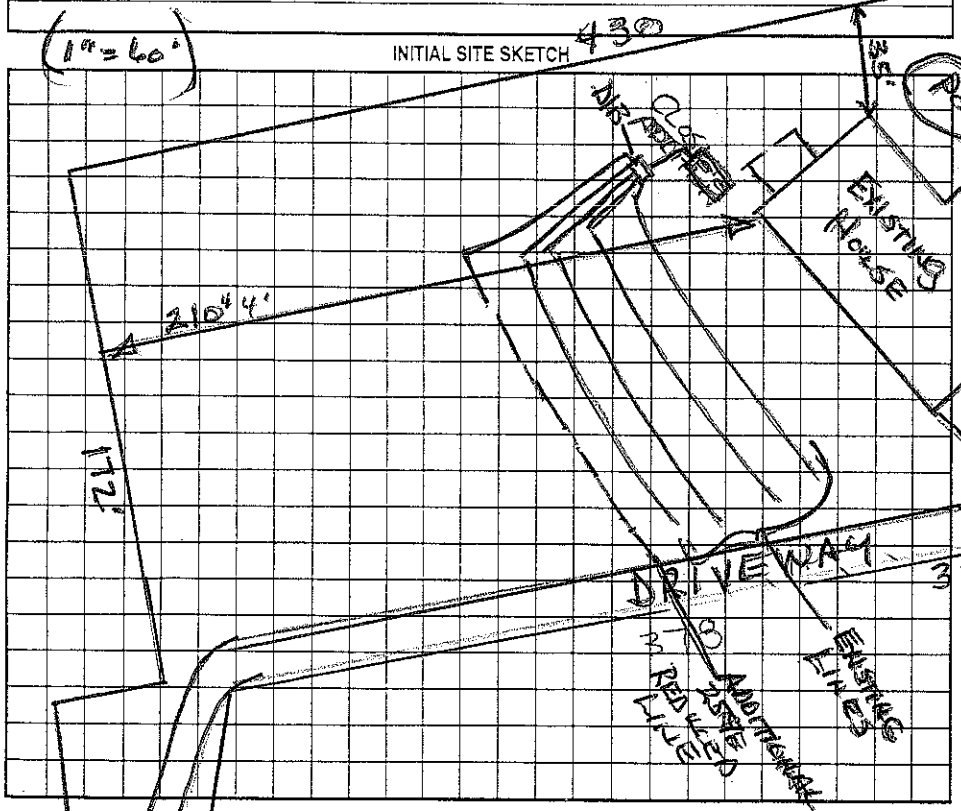
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Add 1 line of 25% Reduced Method
Change Septic Tank to 1500 gallon capacity

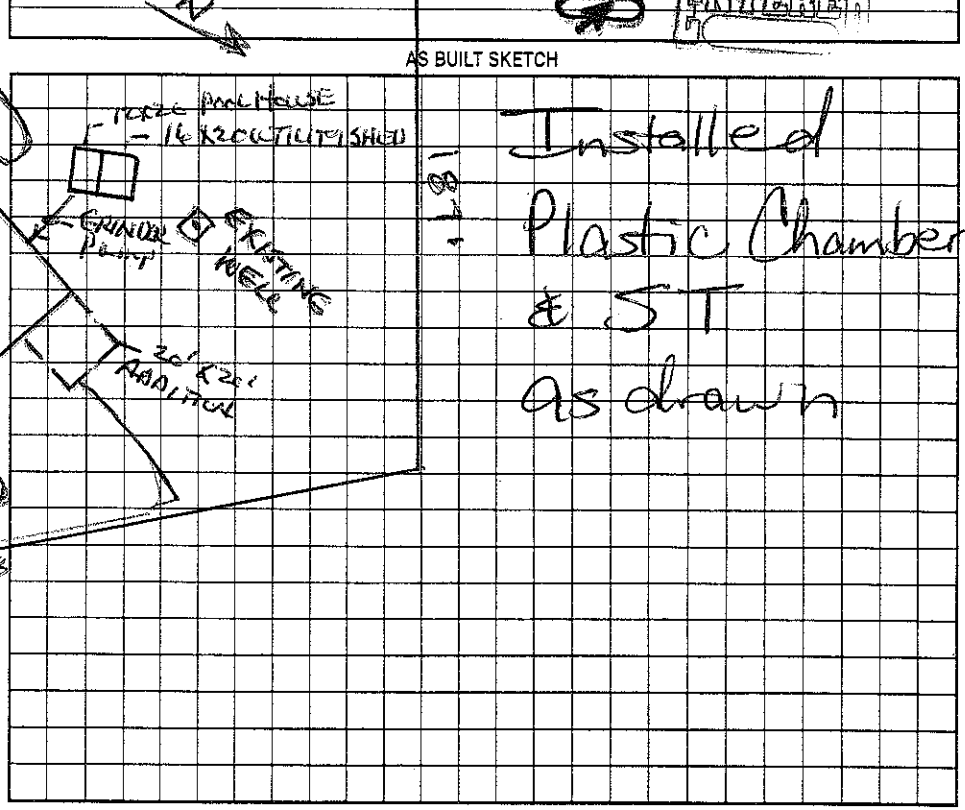
Comments:/Conditions:

ENTERED

INITIAL SITE SKETCH (1" = 60')



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: * ABS by [illegible] date 2/7/05
Improvement Permit by: Wesley Sparks R.S. date 2/4/05
Authorization to Construct by: Wesley Sparks R.S. date 2/4/05

Installed by: E.J. Ervin RS
Operation Permit by: Marion H. Dotson date 3/22/05
Existing System Inspection by: _____ date _____

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