IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120319 PIN# 4638-97-8792 DATE July 17, 04

OWNER OR CONTRACTOR Miller-McCormick Investments / Pardee Homes PHONE: Business _____ Home _____

ADDRESS 116 Creedy Hollow Dr. Mooresville, N.C. 28117

LOCATION Fourth Rd N. TL Fern Hill Rd. TL Broadview 1st lot on right - corner lot

SUBDIVISION Broadview BLOCK / SECTION _____ LOT 7 LOT AREA .69 Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12/5/04
Pump Tank: 1000 Gallons; PT 17 Date 12/5/04
Pump Make: Carmody Model WE0-5T1 Serial No. D0575295
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 4 Trench Width 24" MIN 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPPBPS
Repair System Description: LPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

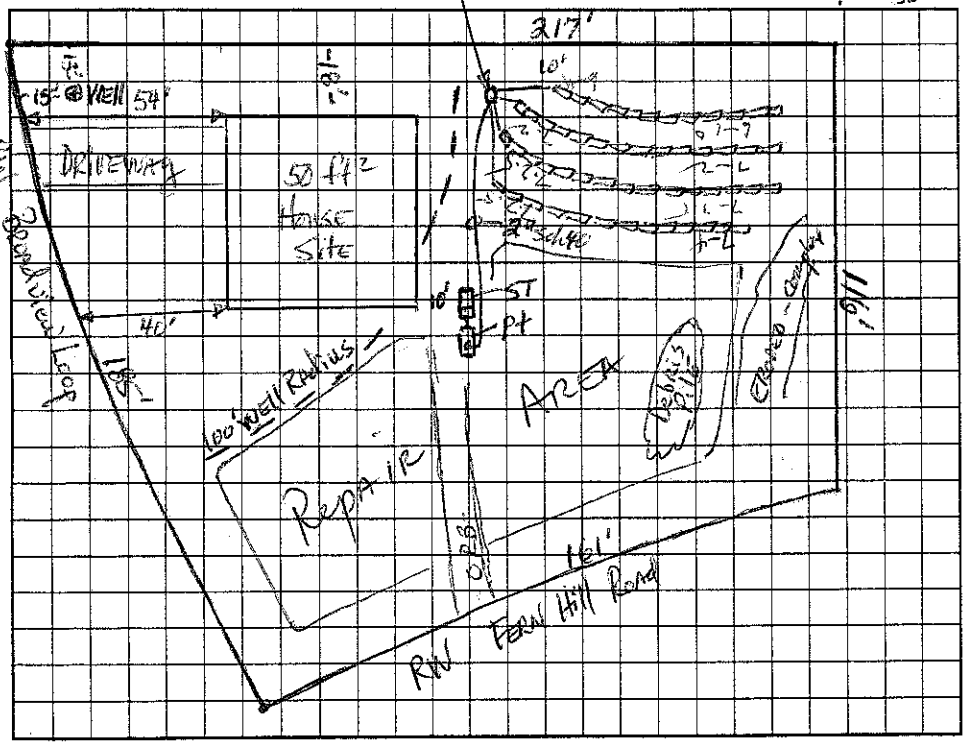
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: OR 36" max 9'oc

Comments:/Conditions: Lines, Tanks,

INITIAL SITE SKETCH 1"=50'



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 _____ Installed by: C+S

Improvement Permit by: _____ date July 17, 04 Operation Permit by: Wesley Henderson date 9/21/05

Authorization to Construct by: _____ date 11/23/04 Existing System Inspection by: _____ date _____

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