IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281

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

PERMIT# 120485 PIN# ~~4638 11 36 76~~ 4638125053 DATE 6-2-04

OWNER OR CONTRACTOR Haus Builders Inc. PHONE: Business 663-2251 Home 622-5573

ADDRESS 288 Robinson Rd Mooresville, NC 28117

LOCATION Hwy 150 West TR Robinson Rd on left pass Rustic Way Lane before Melrose.

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 6.94 Acre SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 794 Date 6/12/04
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 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

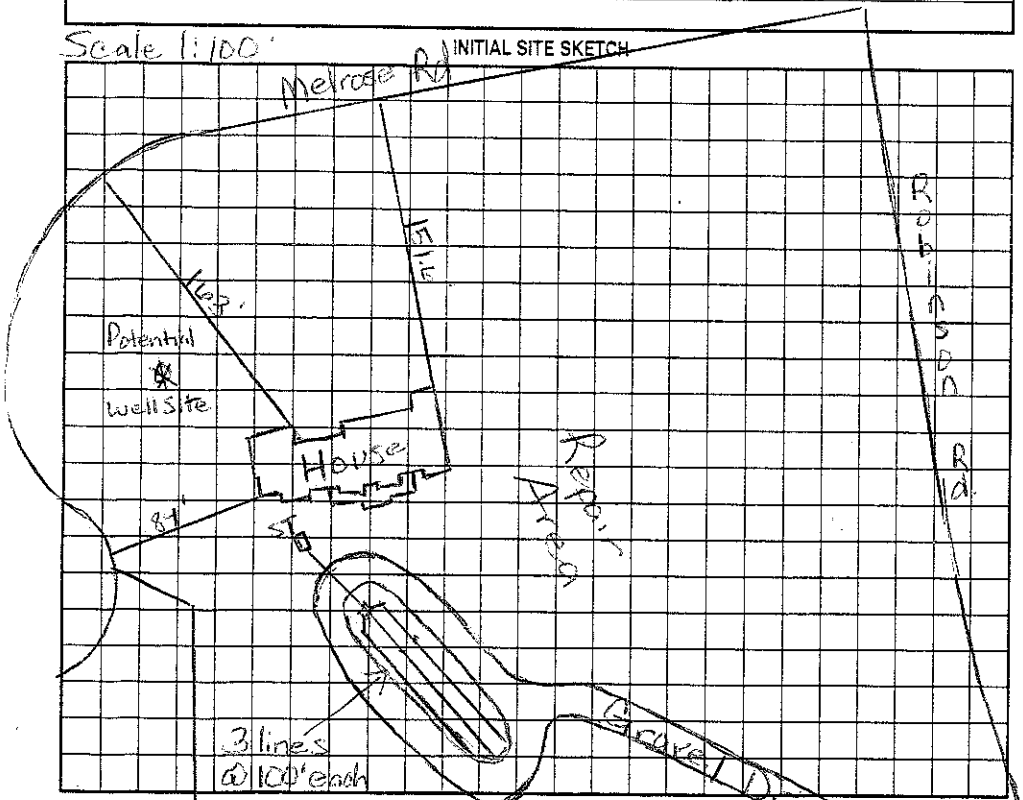
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

Scale 1:100'

INITIAL SITE SKETCH



AS BUILT SKETCH

EZ Flow Installed

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 6/5/04 Installed by: Larry Beach

Improvement Permit by: Maria H. Dotson RS date 6/2/04 Operation Permit by: ____ RS date 4/20/05

Authorization to Construct by: Maria H. Dotson RS date 6/2/04 Existing System Inspection by: ____ date ____

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