IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19478 PIN# 4638 73 3917 4638 73 3917 DATE 4/24/02

OWNER OR CONTRACTOR Jerry Brady PHONE: Business Home 704-662-3559

ADDRESS 135 Grand Bay Dr. Mooresville, NC. 28117

LOCATION 150 W TR Perth Rd. TL Normandy Rd. TR Grand Bay Dr. to 8th lot on (L)

SUBDIVISION Grand Bay BLOCK / SECTION 2 LOT 10 LOT AREA ~1.2 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1010 Date 12/29/01
Pump Tank: 1000 Gallons; PT 17 Date 12/31/01
Pump Make: MYERS Model ME 40 MC1 Serial No. 3/02
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: PM - EZ LAY / CH. PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No PARTIAL

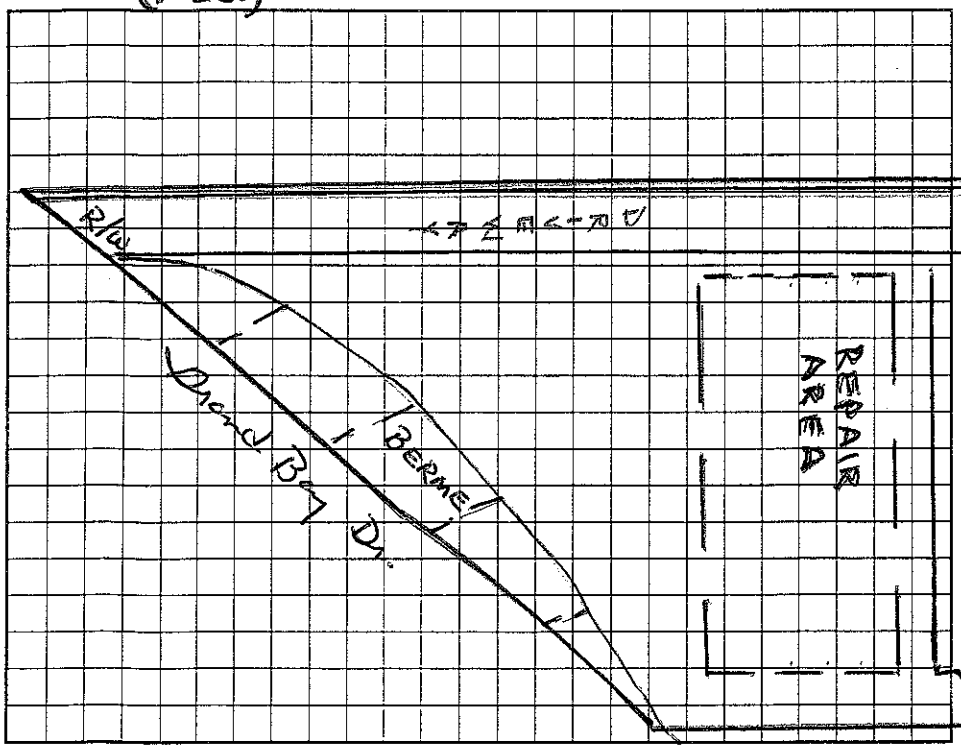
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

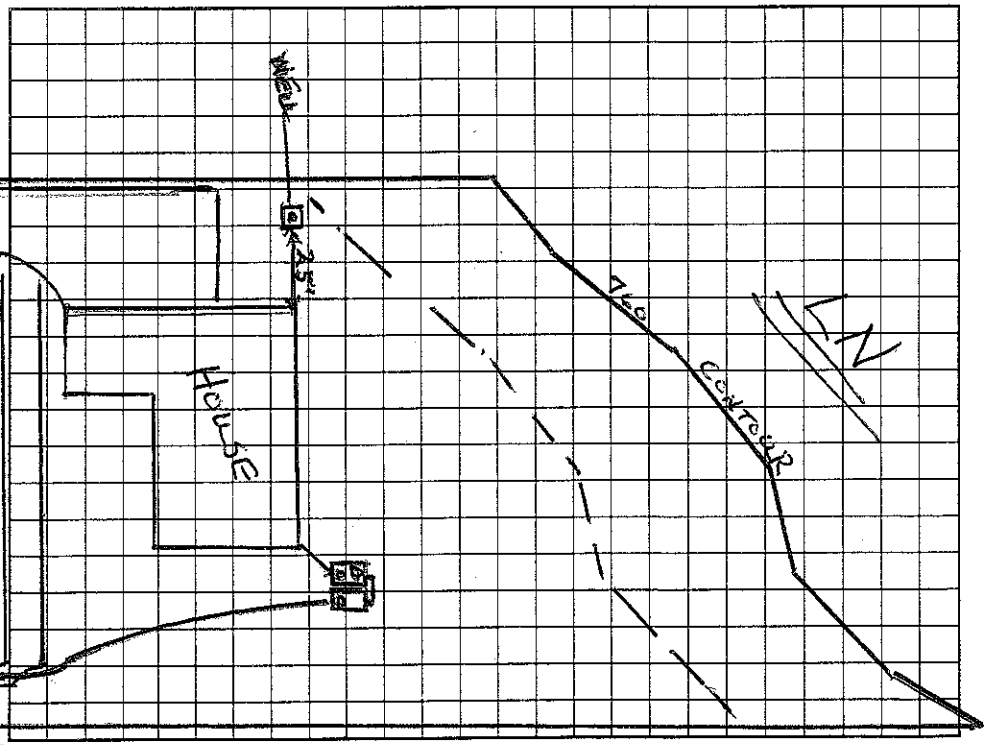
Comments:/Conditions:

Comments:/Conditions: EZ LAY INSTALLED.

(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 _____ Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks R.S. date 4/24/02 Operation Permit by: Wesley Sparks R.S. date 6/3/02

Authorization to Construct by: Wesley Sparks R.S. date 4/24/02 Existing System Inspection by: _____ date _____

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