IREDELL COUNTY HEALTH DEPARTMENT

STA[illegible]LE 704-878-5305 M[illegible]

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / E[illegible]

Any part of supply line closer than 50' to well must be ductile iron sleeved

PERMIT# 143944 PIN# 4644388375.000

OWNER OR APPLICANT James & Julia Perryman PHONE: Business 704 892-4730

ADDRESS 135 Royal Pointe Way Mooresville NC 28117

LOCATION 215 T L Alcove Rd. becomes Mecklynn Rd. At dead end TR into Westview TR Sea Hide St. 1/2 sea[illegible]

SUBDIVISION Westview BLOCK / SECTION ____ LOT 16 LOT AREA .995 SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 335 Date 5-20-08
Pump Tank: 1500 Gallons: PT 477 Date 6-9-08
Pump Make: MEYERS Model ME Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 1500 Linear Feet 500'
No. Lines 10@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☑ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump PM 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Pressure Manifold needs (10) 1½ inch sch 40 taps
11/30/09 Checked tanks & ductile iron pipe

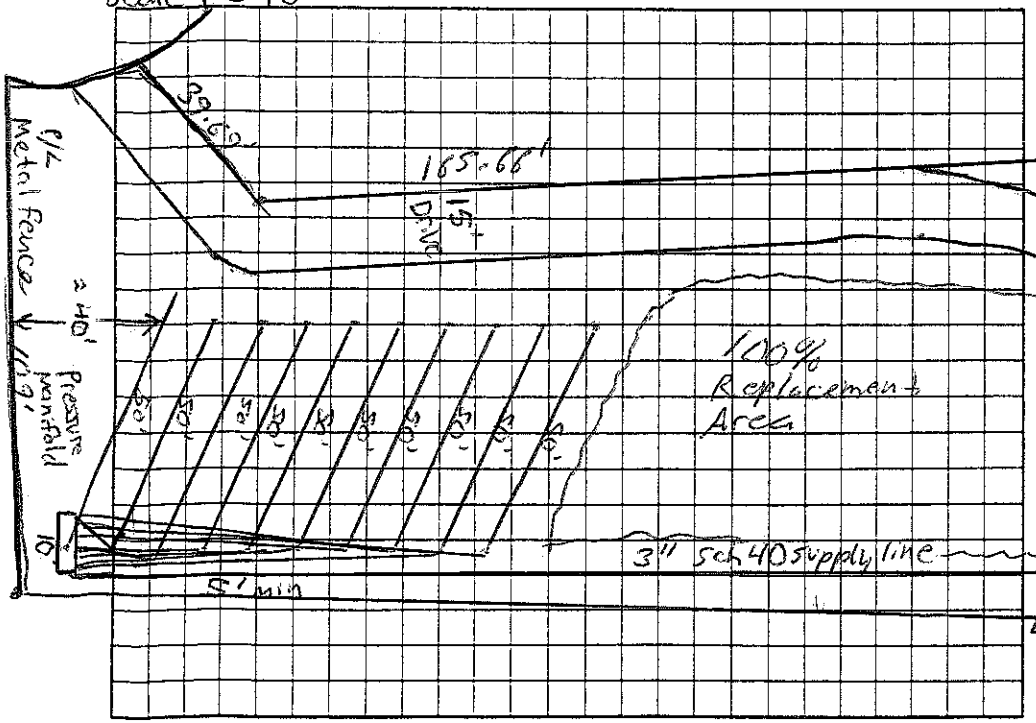
Comments/Conditions: Tank location moved due to neighboring well AC 6/2/08
Any part of supply line closer than 50' to well, must be sleeved in - ductile Iron.

Sea Hide Ct.

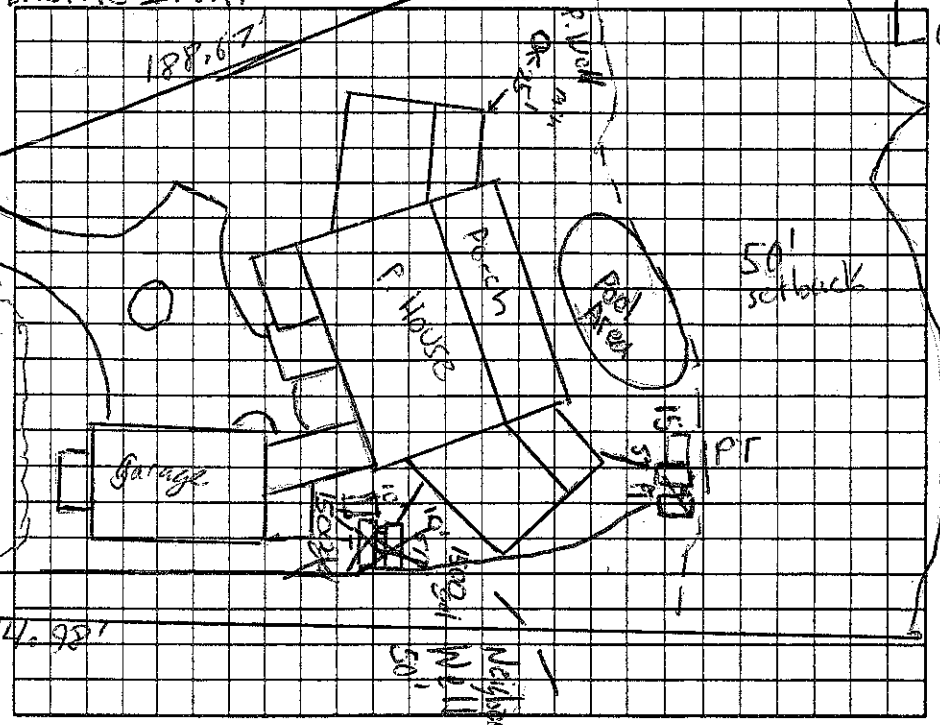
Lake

Scale 1" = 40'

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: Ben Perryman date 9/13/07 Installed by: K & T

Improvement Permit by: Anthony Coker Jr. date 9/13/07 Operation Permit by: Mark Hall Olson date 3/31/09

Authorization to Construct by: Anthony Coker Jr. date 9/13/07 Existing System Inspection by: ____ date ____

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