IREDELL COUNTY HEALTH DEPARTMENT

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

280.00 Paid

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

PERMIT# 123503 PIN# 4645 06 92 78 DATE 6-20-05

OWNER OR CONTRACTOR Brian Fletcher PHONE: Business 252-0296 Home 896-0241

ADDRESS 191 Bridgeport Dr. Mooresville, NC 28117

LOCATION Alcove TR Templeton TL Camino Real TL Iron Gate 2nd lot on right

SUBDIVISION The Cove BLOCK / SECTION ____ LOT 6 LOT AREA 4.4 Acre SITE CLASS. PS DESIGN FLOW 720 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 11/21/05
Pump Tank: 1500 Gallons; PT 477 Date 12/4/05
Pump Make Myers Model ____ Serial No. ____
Nitrification Field: No fields 1 Square Feet 1800 Linear Feet 600
No Lines 7@86' 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: Pump - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 6 No. Bathrooms 6 No. Employees ____

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

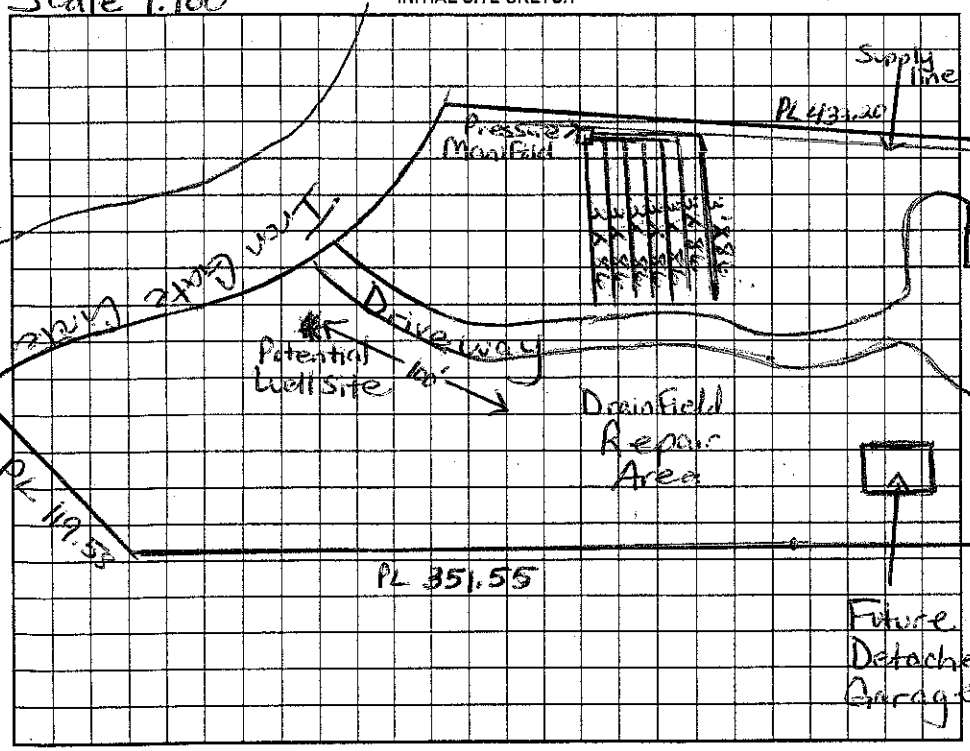
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL, 100' to well & 50' to lake. Keep vehicular traffic off Drainfield & tanks. Tanks had to be moved to meet Setback

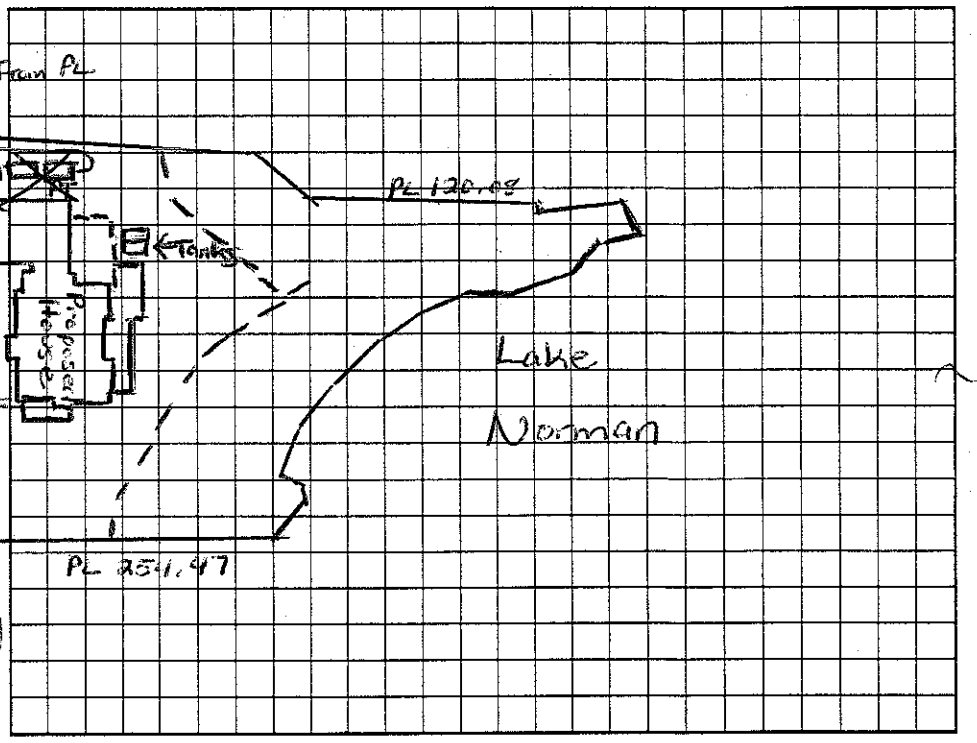
Comments/Conditions: Checked EZ Flow Drainfield 12/21/05 MD
Check pressure 6/9/06 MD

Scale 1:100

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: [signature] date 6/28/05 Installed by: R & H

Improvement Permit by: Maria H Dotson RS date 6/21/05 Operation Permit by: [signature] RS date 6/12/06

Authorization to Construct by: Maria H Dotson RS date 6/24/05 Existing System Inspection by: ____ date ____

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