IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 10277 I 20 PIN# 4645 19 8380 DATE 10/10/01

OWNER OR CONTRACTOR James + Karyn Ramey PHONE: Business _____ Home 704-664-9029

ADDRESS 823 N Main St. Mooresville, NC. 28115

LOCATION 215 TL Alcove Rd. TR Templeton TR Henry Ln. on (R) at Keats Rd.

SUBDIVISION Kelly Point/Cove SECTION _____ LOT 10 LOT AREA ~1.1 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5-4-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model 1200' Serial No. 400'
Nitrification Field: No Fields 1 Square Feet 900* Linear Feet 300*
No Lines 3@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: DistBox → EZFlow *
Repair System Description: Some
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other _____

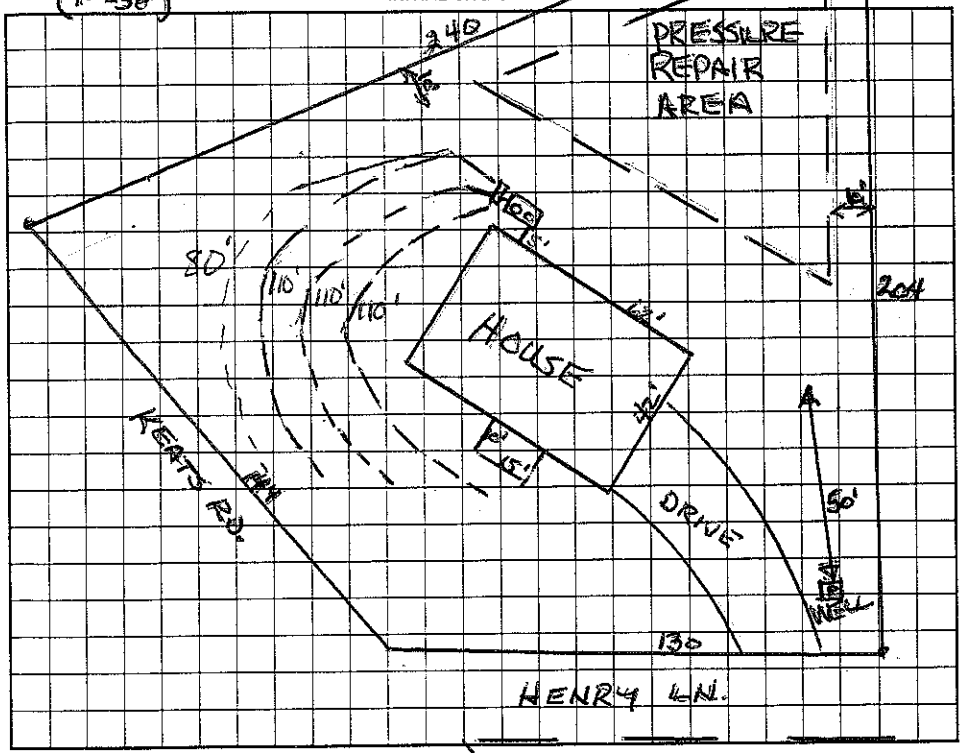
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

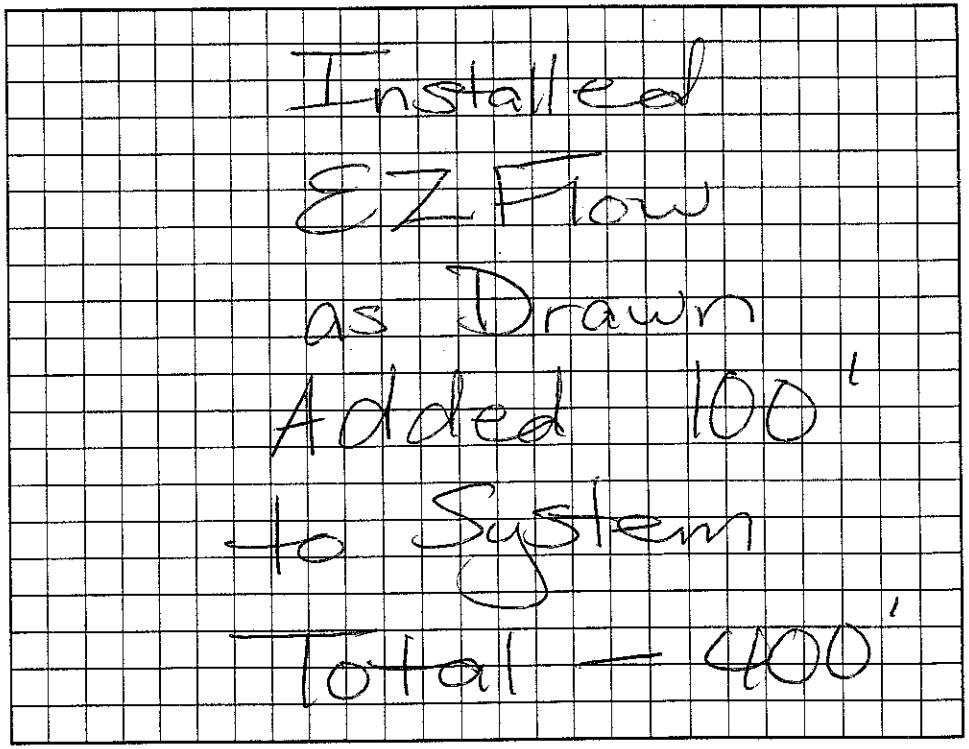
Comments:/Conditions: * EZ Flow recommended due to constantly bending contour lines. 25% reduced system

Comments:/Conditions:

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: * Karyn L Carroll-Ramey date _____

Improvement Permit by: Wesley Sparks RS. date 10/10/01

Authorization to Construct by: Wesley Sparks RS. date 10/10/01

Installed by: EJ Ervin

Operation Permit by: Maria H Dotson date 10/7/2002

Existing System Inspection by: _____ date _____

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