# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 11:30

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT

PERMIT# 125161 PIN# 4645290305 DATE 12-14-04

OWNER OR CONTRACTOR Bruce Allkire PHONE: Business 506-5898 Home 398-4204 Bruce

ADDRESS 117 Clacemont Way Mooresville NC 28117 184 Keats

LOCATION Alcove Rd South TR Templeton TR Henry pS TR Keats 1st lot past Corner

SUBDIVISION Kelly Cove BLOCK / SECTION ____ LOT 11 LOT AREA .61 Acre SITE CLASS PS DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 12-22-03 ☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

Pump Tank: 1000 Gallons; PT 283 Date 6-5-05 System Description: Pump-PM-25% Reduction

Pump Make: Goulds Model WE0511H Serial No 80472506 Repair System Description: Pump-Panel Block

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 400' Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

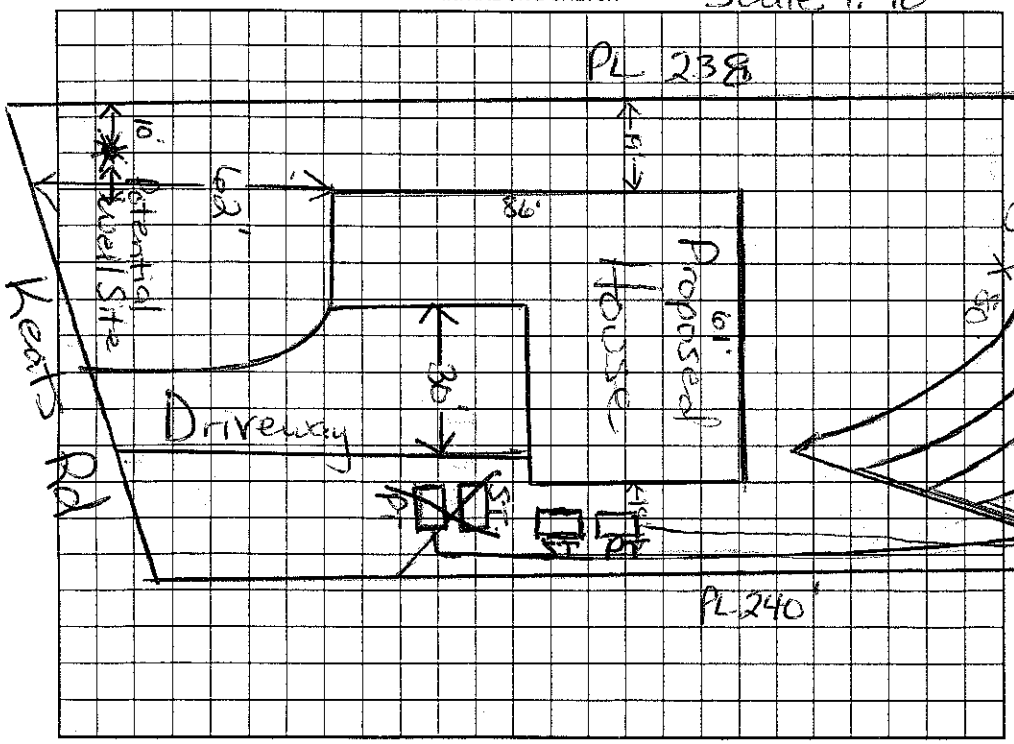
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

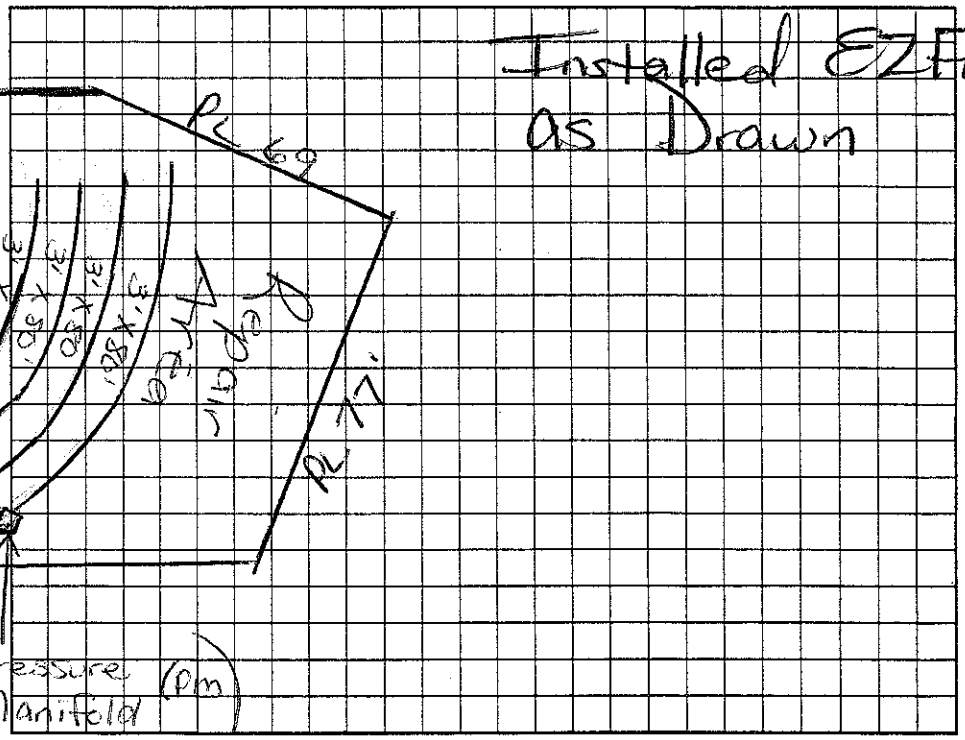
Comments:/Conditions: Checked tanks, lines & pressure 7/14/05

INITIAL SITE SKETCH Scale 1:40'




AS BUILT SKETCH

Installed EZ Flow as Drawn




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: Amanda Allen date 12-17-04 Installed by: F.J Erwin

Improvement Permit by: Maria H. Dotson RS date 12/15/04 Operation Permit by: Maria H. Dotson date 8/16/05

Authorization to Construct by: Maria H. Dotson RS date 12/15/04 Existing System Inspection by: ____ date ____

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