IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 4:00

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

PERMIT# 116 146 PIN# 4646-04-7755 DATE 10/21/03

OWNER OR CONTRACTOR Harold + Brenda Fitzwater PHONE: Business _____ Home 704660 9224

ADDRESS 134 Billy Joe Rd Mooresville NC 28117

LOCATION BSR, TL Canvasback, TL 2nd Woodduck Lp, TR Crystal Cir, on Rt

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT 38 LOT AREA 0.29 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1007 Date 5-12-04
Pump Tank: 1000 Gallons; PT 274 Date 5-12-04
Pump Make: ZOELLER Model PN152-A Serial No. _____
Nitrification Field: No Fields 1 Square Feet 774 Linear Feet 258
No Lines 3 @ 86' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM - 25% Reduction
Repair System Description: Panel Block - Deep Prism
Maintenance Agreement Required: ☐ Yes ☒ No 1953

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

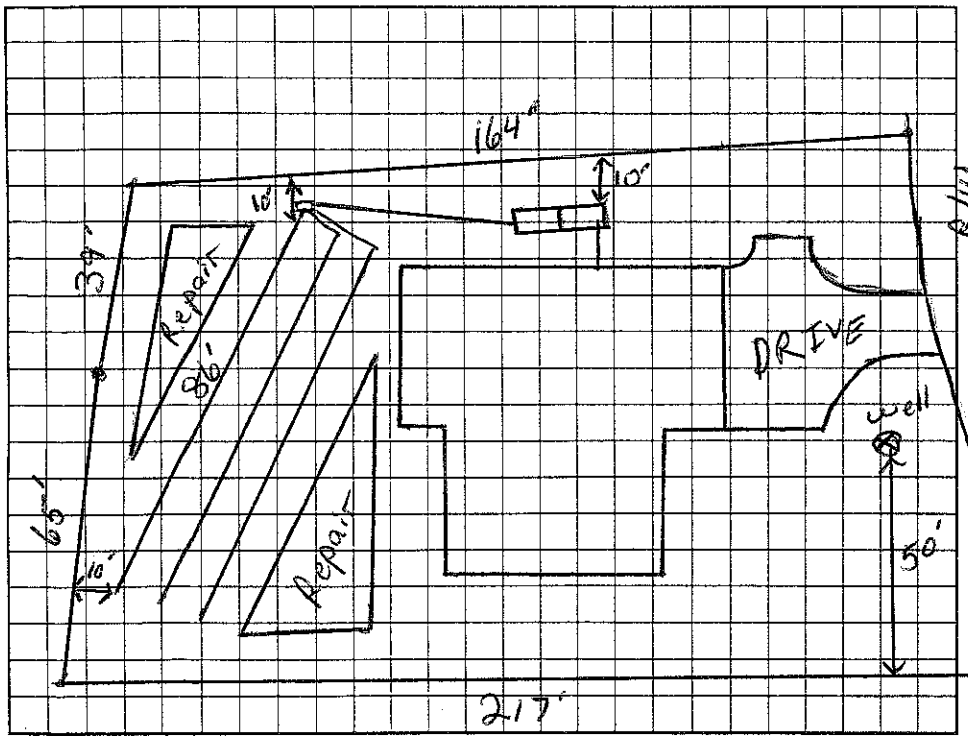
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

1" = 40'

Comments:/Conditions: Checked lines & tanks 7/23/04 MD

INITIAL SITE SKETCH



AS BUILT SKETCH

Infiltrators Installed

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: Brenda Fitzwater date 10-22-03 Installed by: Wayne Glontz

Improvement Permit by: RS date 10/21/03 Operation Permit by: RS date 6/27/04

Authorization to Construct by: RS date 10/21/03 Existing System Inspection by: _____ date _____

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