11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089688 PIN# 4646061297 DATE 6/1/2000

OWNER OR CONTRACTOR Easyway Inc PHONE: Business Home 664-7727

ADDRESS P.O. Box 3303 Mooresville NC 28117

LOCATION Brawley School Rd TR Canvasback TL Woodduck TR Crystal Circle TR Crystal Lake

SUBDIVISION Crystal Bay BLOCK / SECTION LOT 69 LOT AREA .5 Acre SITE CLASS. PSJ DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10/2 Date 4/17/00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity-Conventional

Repair System Description: Partial-Panel

Deeded prior to 1982

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

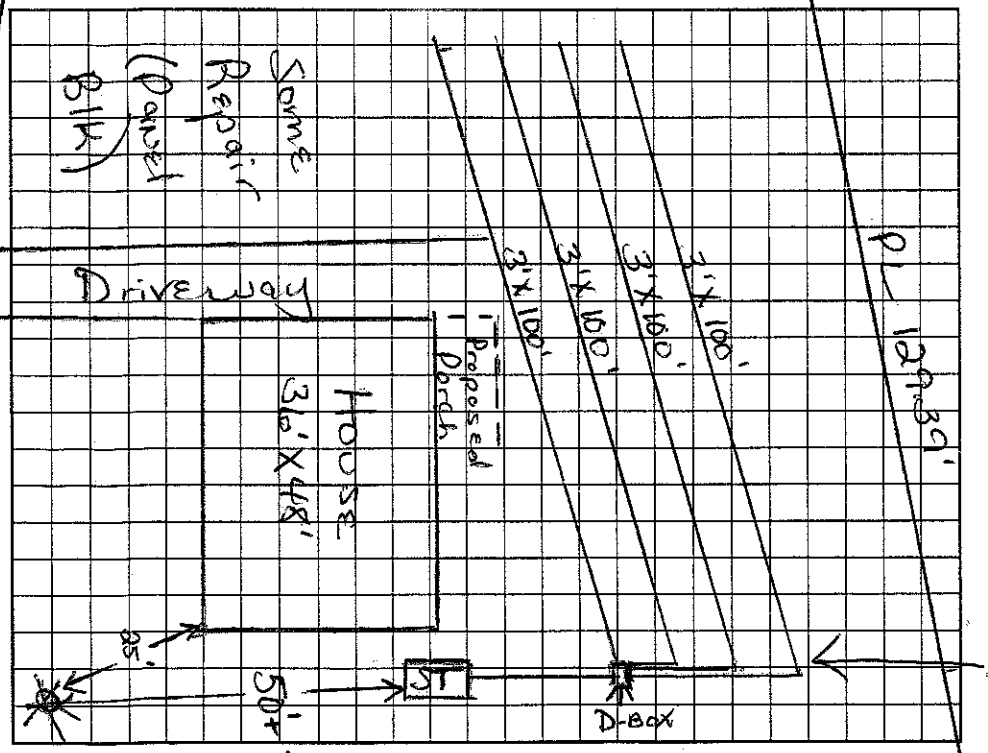
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: PL 121.56' ↑ Neighbor's Well-50' from Drainfield

Comments:/Conditions: X Must keep at least 50' from any well with Septic System, Stay 10' from PL & 5' from House.

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: date Installed by: Grizzly GRADING

Improvement Permit by: Maria H. Dotson R.S. date 6/1/2000 Operation Permit by: date 7/17/00

Authorization to Construct by: Maria H. Dotson RS date 6/1/2000 Existing System Inspection by: date

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