10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132734 PIN# 4646125574 DATE 3-9-07

OWNER OR APPLICANT Robert & Gregory Stephen Ivester PHONE: Business 704-622-7683 Home 704-528-0334

ADDRESS ~~923~~ 253 Bullfinch Rd Mooresville NC

LOCATION Williamson Rd S. TR Alcove TR Catalina TR Malibu at end

SUBDIVISION Back Forty BLOCK / SECTION _____ LOT 21 LOT AREA .704 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 9-29-07
Pump Tank: 1000 Gallons; PT 283 Date 3-3-08
Pump Make: Goulds Model PF5iM Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270
No Lines 6 Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: max feasible Rule .1945
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other _____

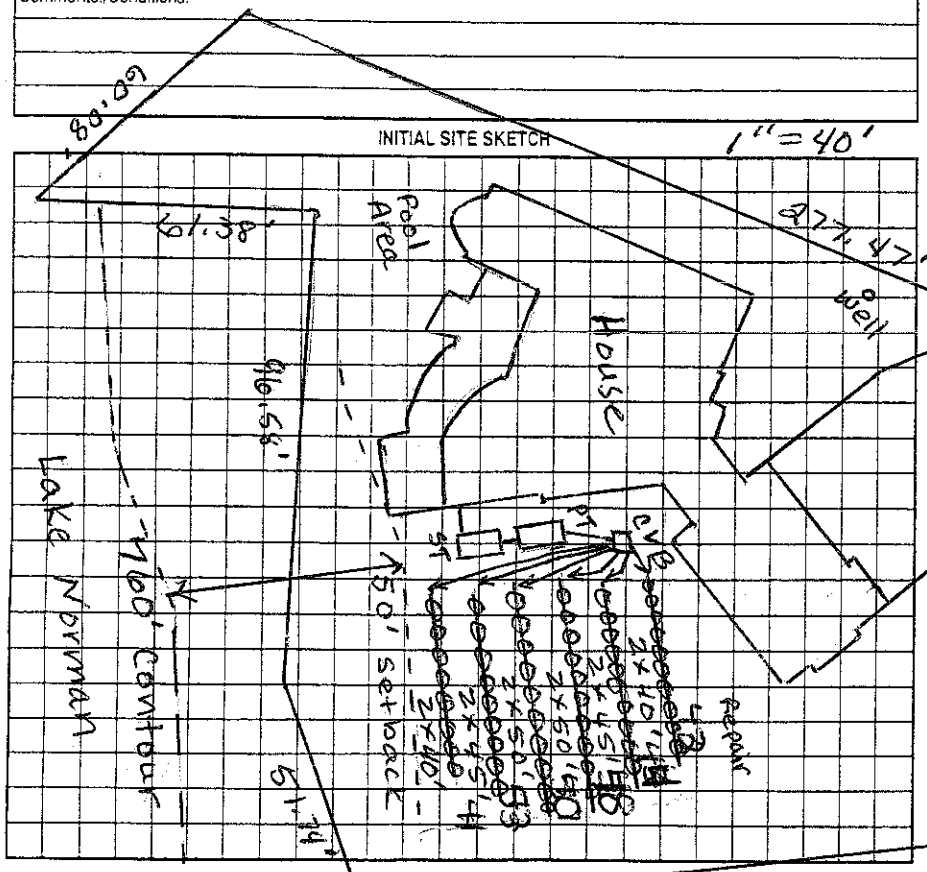
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Comments/Conditions: Line lengths 42, 44, 48, 50, 53 & 44
4/18/08 Checked tanks & lines
6/3/08 Checked 2ft pressure, elect alarm
5/32" hole drilled

INITIAL SITE SKETCH 1" = 40'



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: Steve Christ date 3-9-07
Improvement Permit by: Judy McNilly date 3-9-07
Authorization to Construct by: Judy McNilly date 3-9-07

Installed by: Richard Abernathy
Operation Permit by: [signature] date 6/4/08
Existing System Inspection by: _____ date _____

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