3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82108 PIN# 4646387069 DATE 7/19/99

OWNER OR CONTRACTOR C.W. BREWER PHONE: Business _____ Home _____

ADDRESS 260 ELYSIAN DR. MOORESVILLE NC

LOCATION WILLIAMSON RD - TR SUNDOWN - TL BROOKWAY - TR ELYSIAN - ON RT

SUBDIVISION IDLEWOOD HARBOR BLOCK / SECTION _____ LOT 79 LOT AREA .59 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-29-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: CLASSIC 25% REDUCTION
Repair System Description: PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

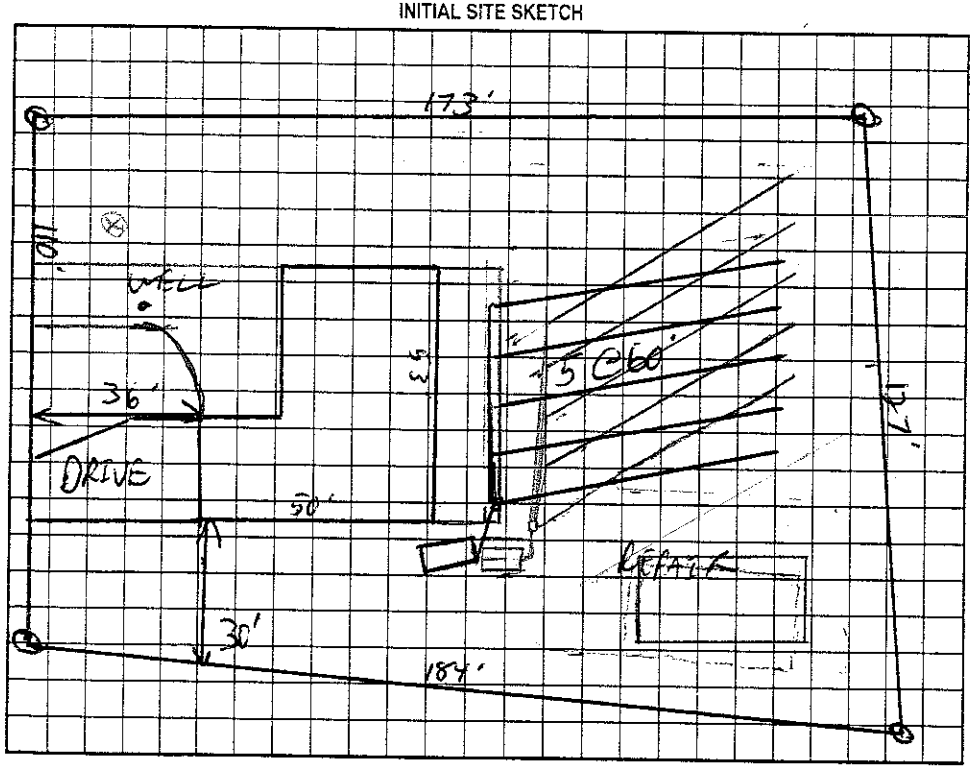
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Riser & Filter installed

4 Chambers" installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 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: C.W. Brewer date 7/20/99

Improvement Permit by: C. [illegible] RS date 7/19/99

Authorization to Construct by: C. [illegible] RS date 7/19/99

Installed by: Richard Abernathy

Operation Permit by: Maria H. Graham R.S. date 2/16/2[illegible]

Existing System Inspection by: _____ date _____

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