IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281 11:00

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

PERMIT# 101206 PIN# 4655-34-3005 DATE 8/10/01

OWNER OR CONTRACTOR Bernard Heck / Michael Rhodes PHONE: Business _____ Home 704-892-3945

ADDRESS 1863 Mocklenberg Hwy Mooresville NC 28115

LOCATION 115S, TL Eastpoint Dr, TR Eastport Rd on Lt past Echo Hill

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2, 5+AC. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 825 Date 3-1-02
Pump Tank: 1000 Gallons; PT 302 Date 4-17-02
Pump Make: Zoeller Model N152A Serial No. _____
Nitrification Field: No Fields 1 Square Feet 780 Linear Feet 260
No Lines 4@65' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump Panel
Maintenance Agreement Required: ☐ Yes ☒ No

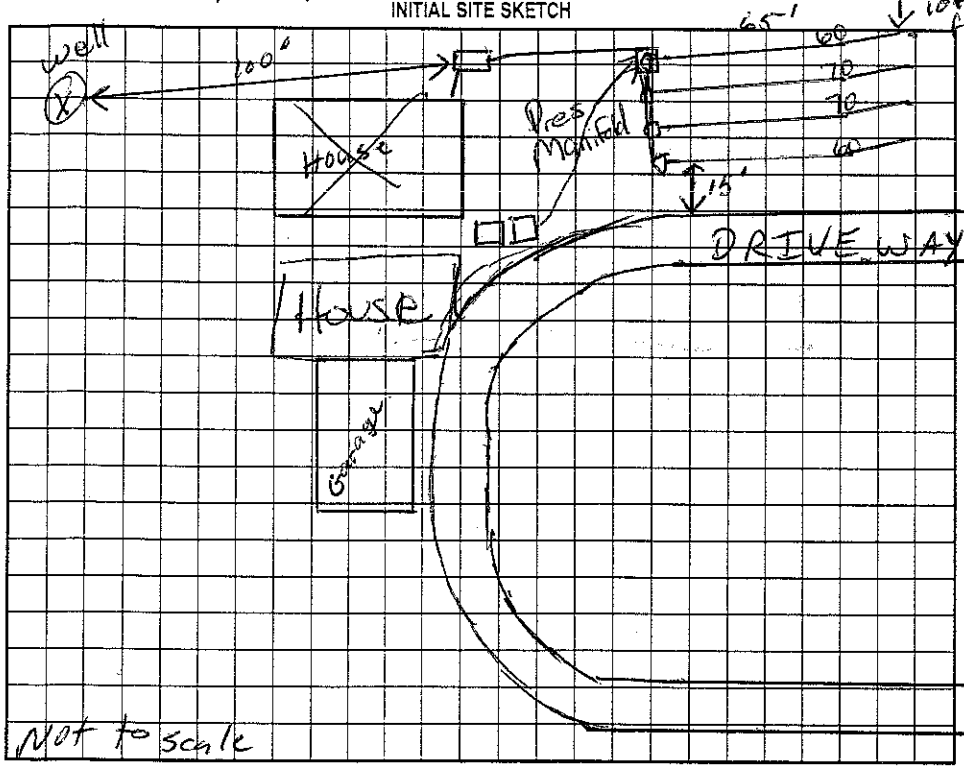
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

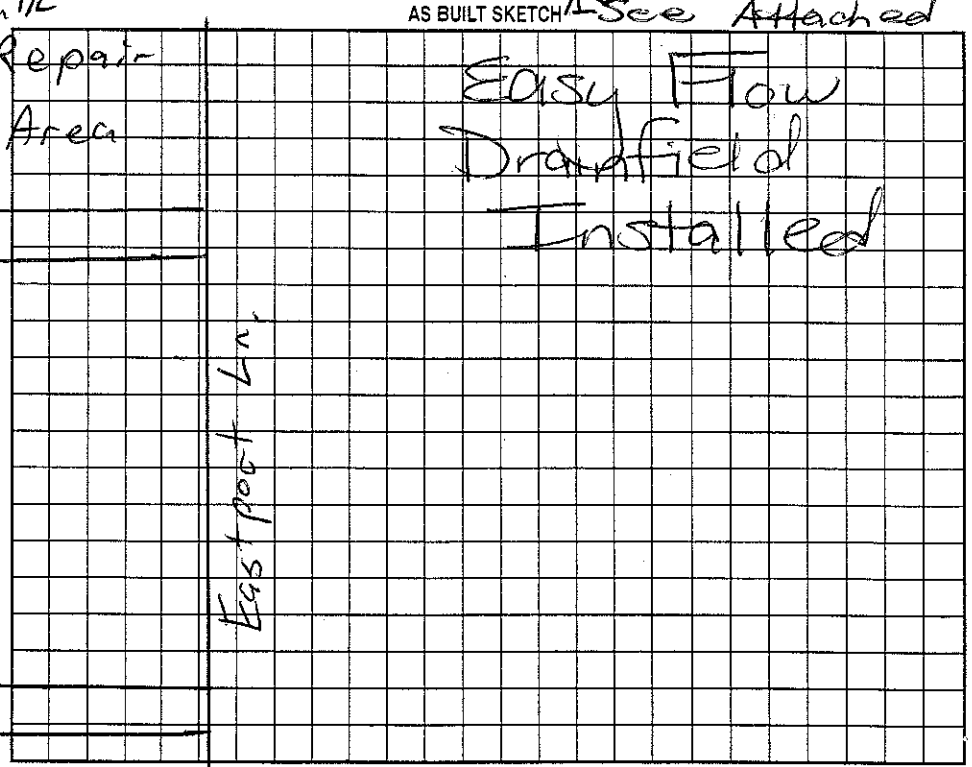
Comments/Conditions: * Before system installation, HD needs to evaluate if gravity can still be achieved, if not system will need to be pumped

Comments/Conditions: Filter installed
Press, tanks & lines checked 6/11/2002

INITIAL SITE SKETCH



AS BUILT SKETCH * See Attached



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 8/10/01 Installed by: Delbert Bostian

Improvement Permit by: _____ RSI date 8/10/01 Operation Permit by: _____ RS date 7/12/02

Authorization to Construct by: _____ RSI date 8/10/01 Existing System Inspection by: _____ date _____

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