IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117341 PIN# 4730-25-4172 DATE 6-2-04

OWNER OR CONTRACTOR EASTER DEVELOPMENT CORP PHONE: Business 704-201-6465 Home

ADDRESS 227 HIDEAWAY LANE MOORESVILLE, NC 28117

LOCATION 21 SOUTH @ PERTH @ STATE PARK BY HICKS CREEK ON RIGHT

SUBDIVISION BREWOLE HILLS BLOCK / SECTION LOT 12 LOT AREA .61 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 4-12-04
Pump Tank: 1000 Gallons; PT 374 Date 4-1-04
Pump Make: ZOELLER Model PN-98B Serial No. PN 98-0005
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 200'
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 50% REDUCT
Repair System Description: LP PANEL 150% RED
Maintenance Agreement Required: [ ] Yes [X] No

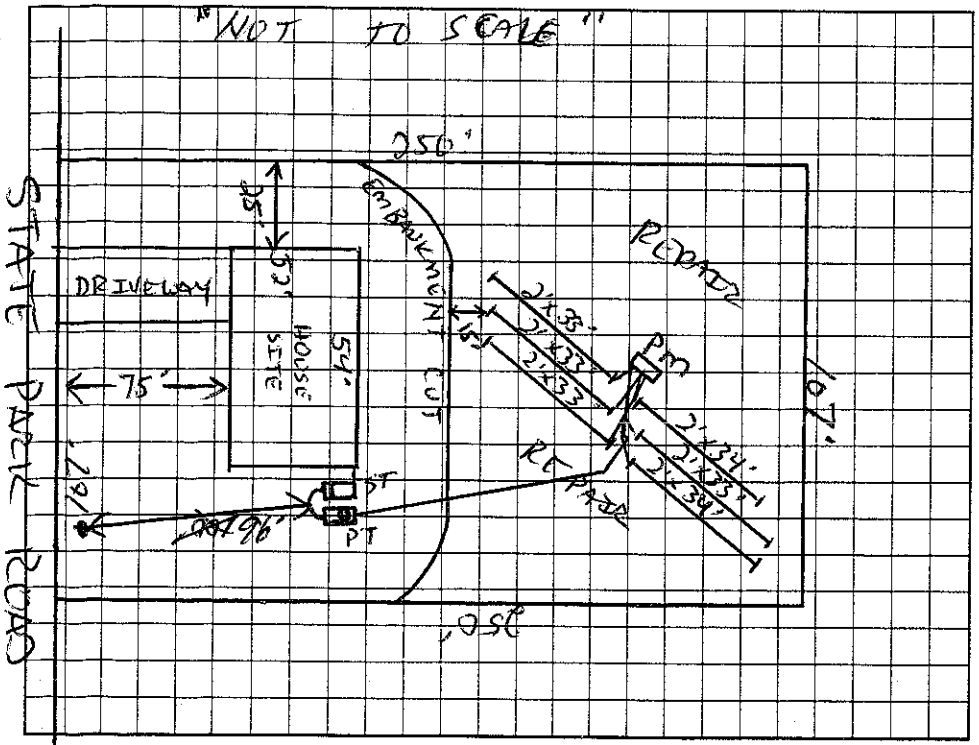
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2½
[ ] Business No. Employees
[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

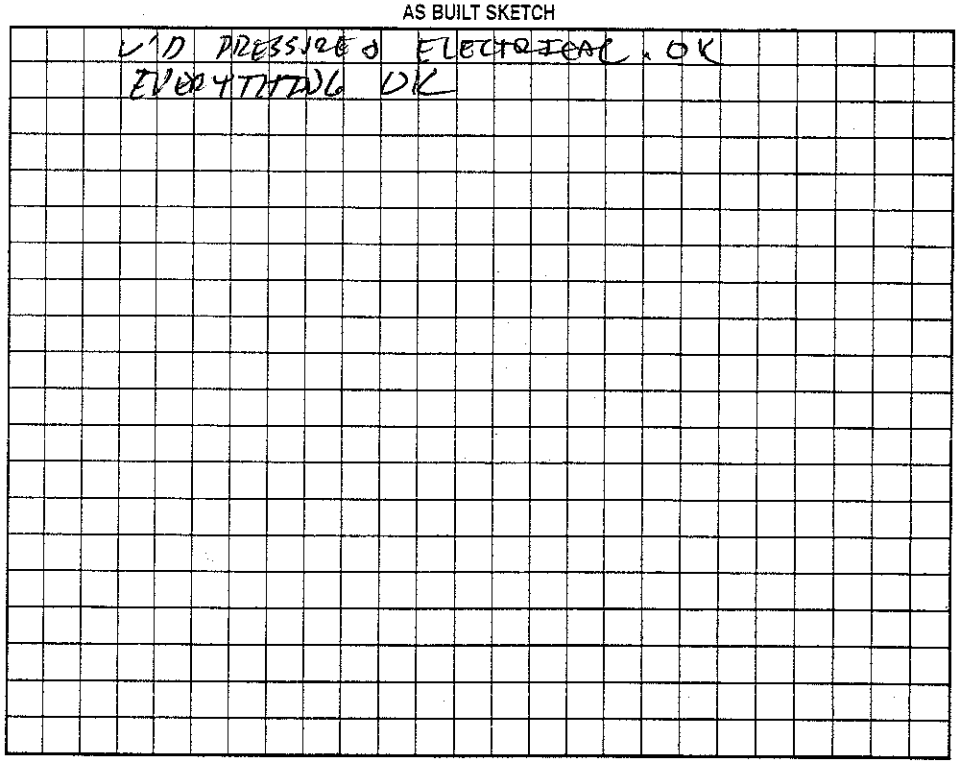
Comments/Conditions: ① HOUSE IS BUILT, PREVIOUS PERMIT DATED 12-22-98 HAD EXPIRED ② INSTALL 6 LINES TOTALING 200' EQ WITH PRESSURE MANIFOLD, ③ SYSTEM

INITIAL SITE SKETCH



Comments/Conditions: IS FLAGGED OUT
TOPPITE FILTER & MARKER INSTALLED
AS DRAWN, TANK IS 96' FROM WELL. OK, NO SAPROLITE
NEEDS ELECTRICAL & PRESSURE

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 6-2-04 Installed by: JOBY TRAVIS

Improvement Permit by: _____ date 6-2-04 Operation Permit by: _____ date 6-10-04

Authorization to Construct by: _____ date 6-2-04 Existing System Inspection by: _____ date _____

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