IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12717 PIN# 4624672428 DATE 6-23-05

OWNER OR CONTRACTOR Jeffrey Smith PHONE: Business 331-0131 Home 365-0755

ADDRESS 617 McAlway Rd Charlotte NC 28211

LOCATION Brawley School Rd TL Torrence Chapel Rd TL Greyfriars Rd 3rd on right

SUBDIVISION Greyfriars Cove BLOCK / SECTION ____ LOT 3 LOT AREA .51 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 3-8-04
Pump Tank: 1000 Gallons; PT 27 Date 6-19-05
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 560' Linear Feet 280'
No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I. II. III. IV. V. VI
System Description: Pump-LP-Panel Blk
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

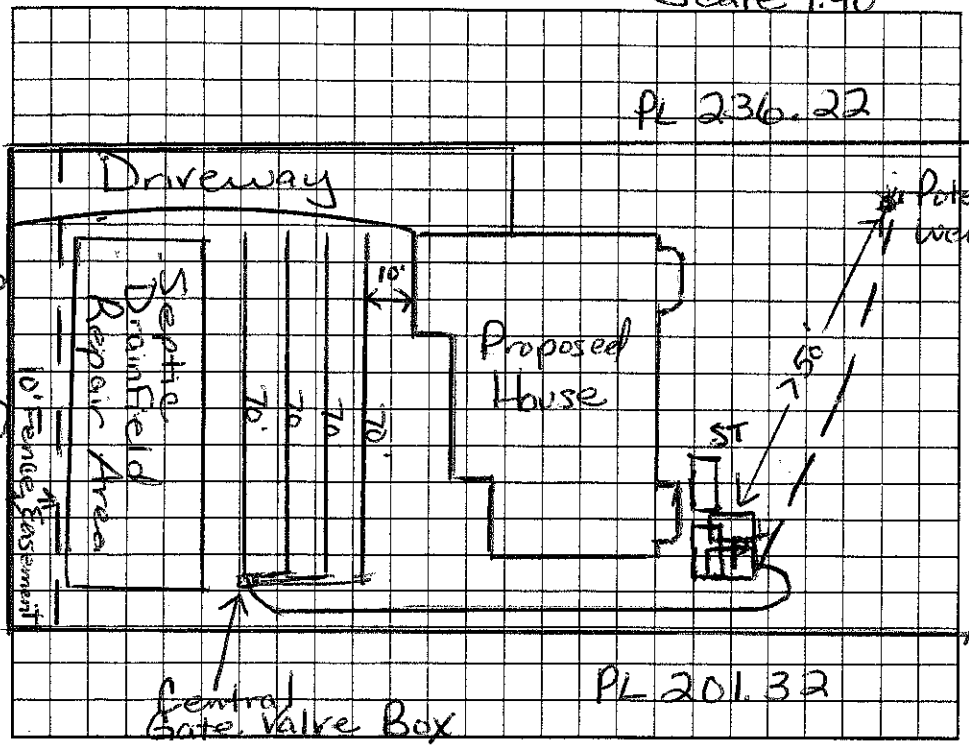
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

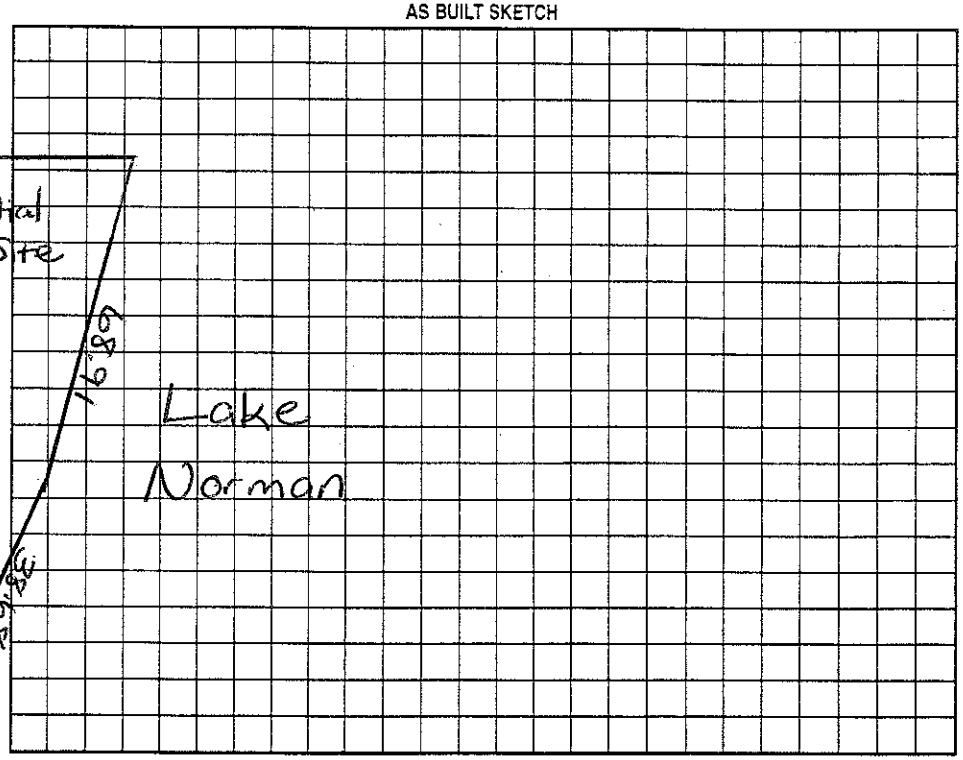
Comments/Conditions: Keep Septic System at least 10' from PL, 50' to lake & >50' to any well.

Comments/Conditions: Use in line filter in pump tank
Note: Tanks installed & checked before house was built 7/21/05

INITIAL SITE SKETCH Scale 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: [signature] 6-23-05 date 6-23-05 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Dotson RS date 6/23/05 Operation Permit by: [signature] date 11/20/06

Authorization to Construct by: Maria H. Dotson RS date 6/23/05 Existing System Inspection by: ____ date ____

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