IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076495 PIN# 4624879828 DATE 10/9/98

OWNER OR CONTRACTOR JC BARNHARDT PHONE: Business _____ Home 336-678-9161

ADDRESS PO BOX 665 MT AIRY NC 27030

LOCATION BRAWLEY SCHOOL - TL YACHT RD. ON RT AT PELICAN CT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .69AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30 RD/FT

Septic Tank: 1000 Gallons; STB 794 Date 1-11-00
Pump Tank: 1000 Gallons; PT 27 Date 11/28/2000
Pump Make: Goulds Model WE0511H Serial No AC028049
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 402
No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP CHAMBERS OR HOS
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

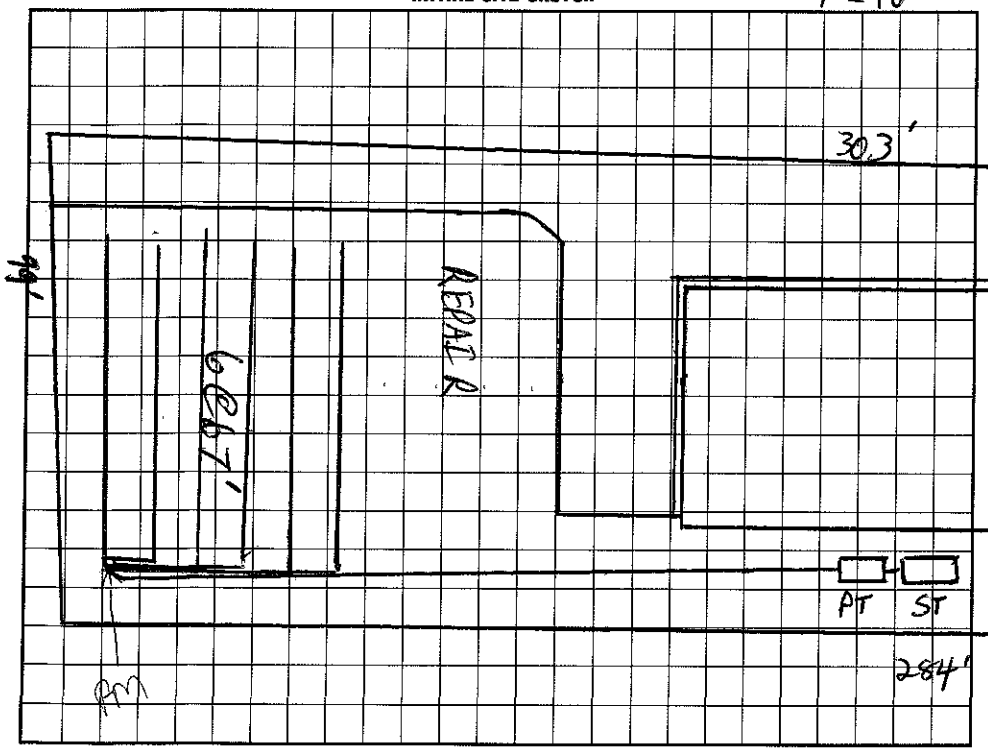
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

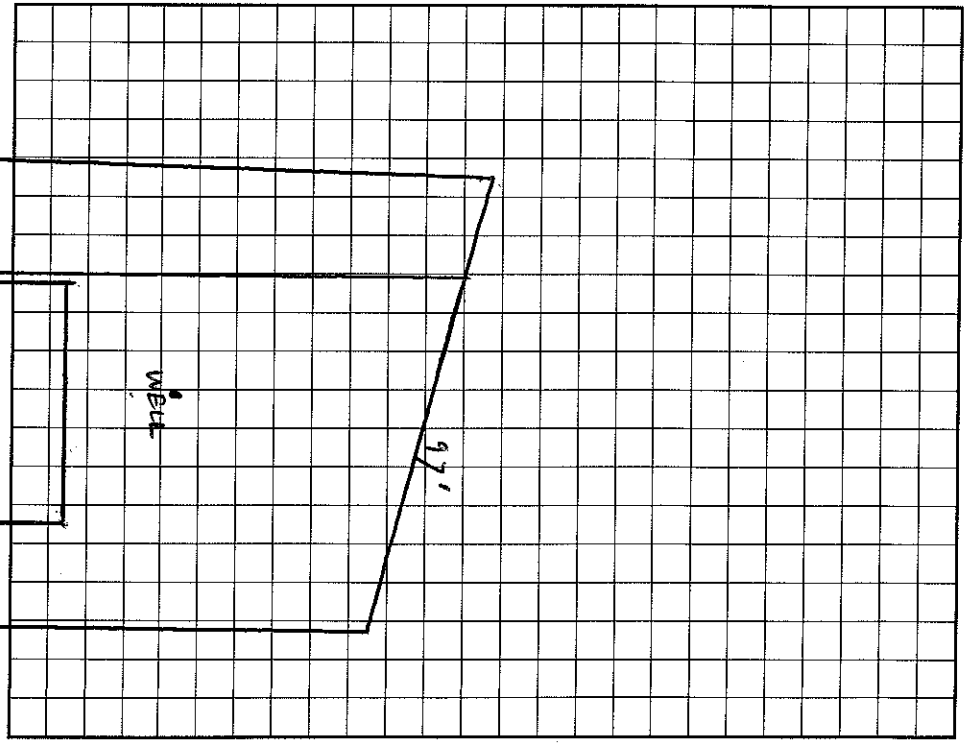
Comments:/Conditions:

Comments:/Conditions: Tanks & lines checked 4/4/00

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH



I understand that this 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: J.C. Barnhardt date 10/13/98

Improvement Permit by: C. Bryan Fearn RS date 10/9/98

Authorization to Construct by: C. Bryan Fearn RS date 10/9/98

Installed by: E.J. Ervin RS date 9/8/2000

Operation Permit by: Maria Nelson RS date

Existing System Inspection by: _____ date _____

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