IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072076 PIN# 4625 08 7812 DATE 3/10/98

OWNER OR CONTRACTOR JOHN HOOD PHONE: Business _____ Home 896-0773

ADDRESS 4323 QUAIL VIEW RD CHARLOTTE NC 28226

LOCATION BRAWLEY SCHOOL RD - TR CHUCKWOOD - TL 1350 BARBER LOOP TL ARBORWAY - ON LT

SUBDIVISION CLOT BLOCK / SECTION 1 LOT 137 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 7/6/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 4@60' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY, PANEL
Repair System Description: Deeded Before 83
Maintenance Agreement Required: ☐ Yes ☑ No

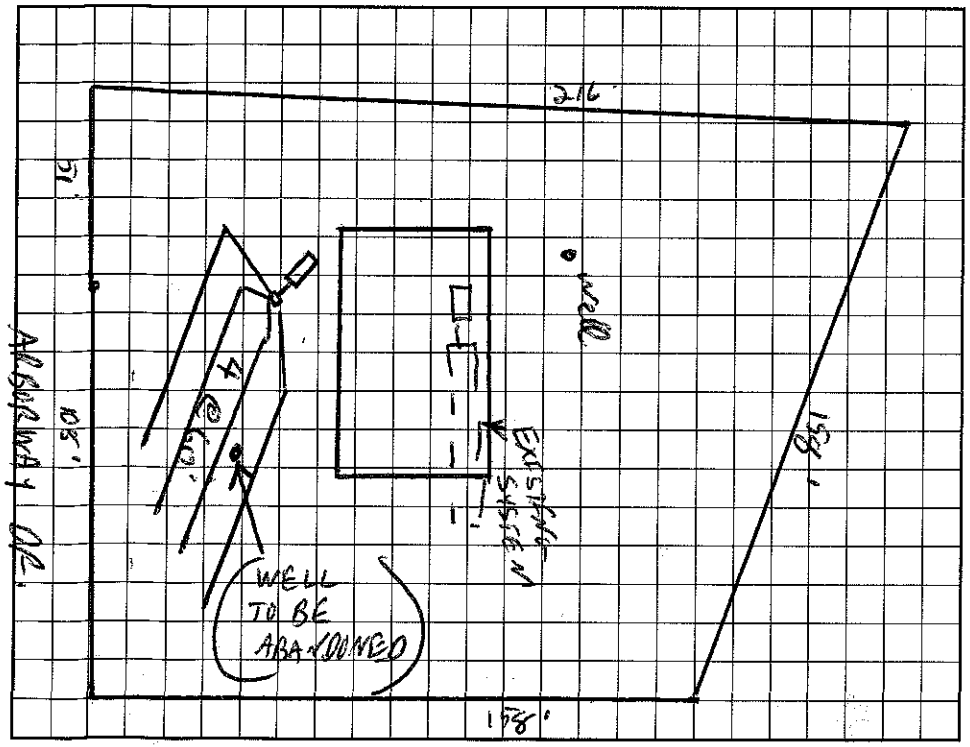
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Su
☑ Indi
☐ Publi
☐ Comm ity

Comments:/Conditions: WELL IS TO BE ABANDONED.
48 911.5
106
101

Comments:/Conditions:

INITIAL SITE SKETCH



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: John Hood date 3-26-98
Improvement Permit by: [signature] RS date 3/10/98
Authorization to Construct by: [signature] RS date 3/10/98

Installed by: CATTLE HAWKINS
Operation Permit by: [signature] date 10/5/98
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