IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90779 PIN# ~~4625941684 PT~~ 4625-64-5108 DATE 12-20-01

OWNER OR CONTRACTOR Hughes, Hamelink, Zande Builders PHONE: Business 506-9264 Kathryn

ADDRESS 909 East Blvd. Charlotte, NC 28203

LOCATION Brawley School Rd. TR Stonewall Beach TR 1st Standish on left

SUBDIVISION The Point BLOCK / SECTION 6 LOT 619 LOT AREA 33826 Ft² SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 338 Date 7-7-02
Pump Tank: 1000 Gallons; PT 27 Date 7-7-02
Pump Make: Meyers Model ME3F21 Serial No 26229D60
Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210'
No Lines 3@70 Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-LP-Panel Blk
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

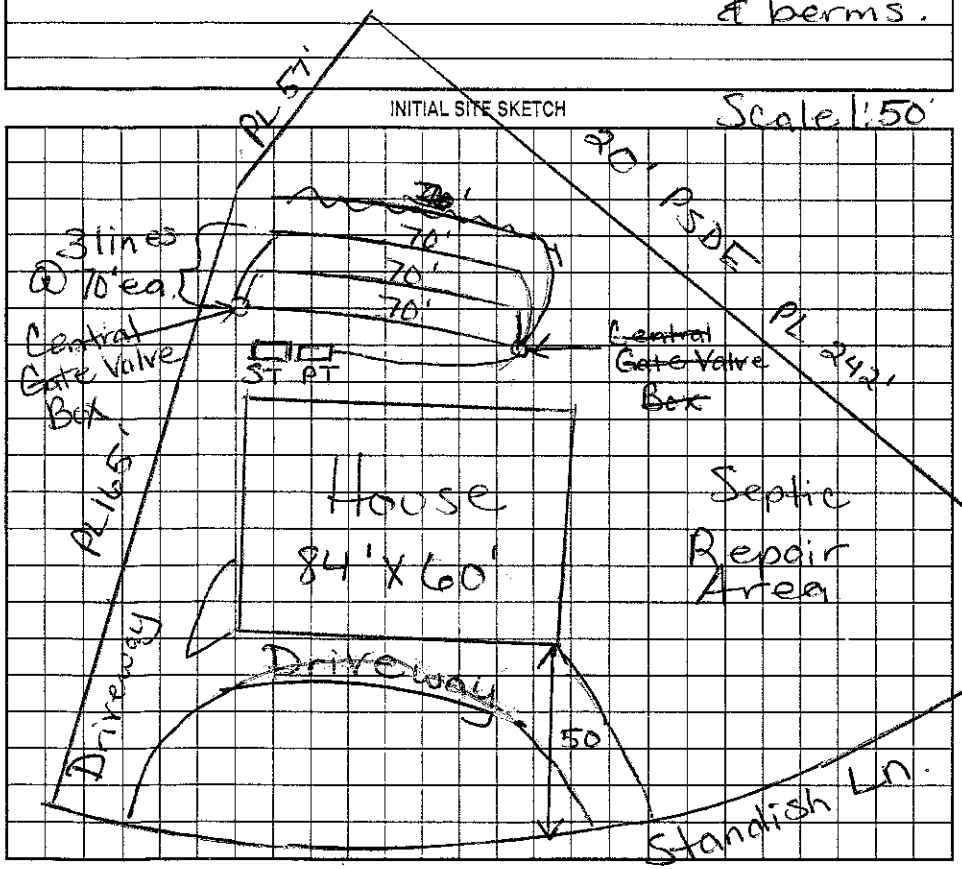
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Feather off terraces & berms.

Comments:/Conditions: Keep Septic System at least 10' From PL
5/32 size hole
48 panels total (16 lower trench)

INITIAL SITE SKETCH Scale 1:50'



AS BUILT SKETCH

Pressure, electrical & alarm
Checked 11/6/2002

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 _____ Installed by: Bobby Mayhew R.S.

Improvement Permit by: Maia H. Dotson R.S. date 12/20/01 Operation Permit by: Maia H. Dotson date 11/6/2002

Authorization to Construct by: Maia H. Dotson R.S. date 12/20/01 Existing System Inspection by: _____ date _____

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