IREDELL COUNTY HEALTH DEPARTMENT

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

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

230

PERMIT# 81281 PIN# ~~4625941684 (old)~~ 4625-65-2441 DATE 10/12/00

OWNER OR CONTRACTOR CL&T / Young Builders PHONE: Business _____ Home _____

ADDRESS PO Box 1003 Charlotte NC 28201

LOCATION Brawley School Rd - TR Polks - TL Jeremy - TR Brick Kiln - TL Unison Chapel at end

SUBDIVISION Point BLOCK / SECTION 5 LOT 537 LOT AREA 50,683 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gal/ft²

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 11-18-00

Pump Tank: ~~1000~~ 1500 Gallons; PT 338 Date 12-5-00

Pump Make: Myers Model ME.50S-21 Serial No. 25325D009

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4@70 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LP Panel

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

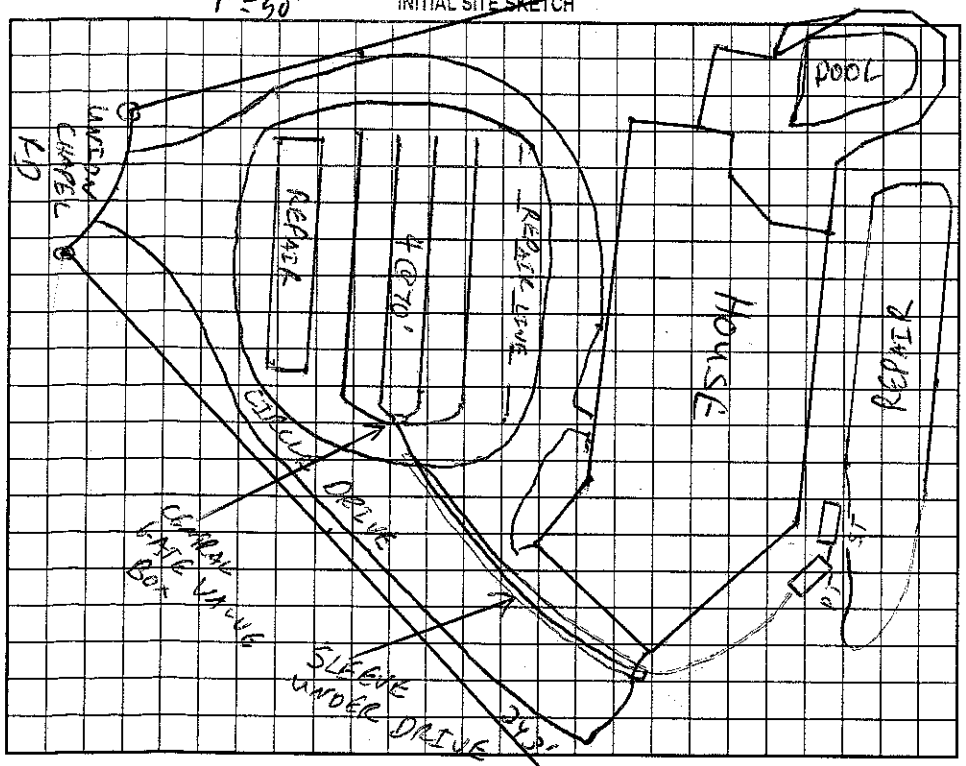
Comments:/Conditions:

Comments:/Conditions: Partial

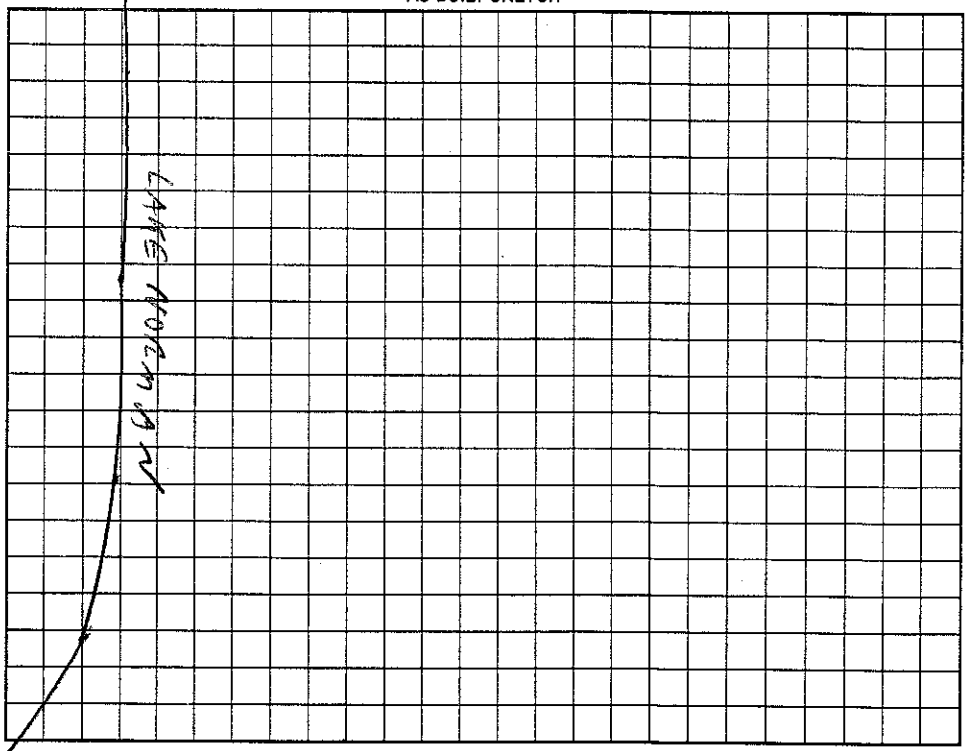
Panel lines inspected 1/16/2001

Riser installed & filter installed. MJD

1"=50' INITIAL SITE SKETCH



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 _____

Improvement Permit by: [signature] RS date 10/12/00

Authorization to Construct by: [signature] RS date 10/13/00

Installed by: Wayne Orbinson

Operation Permit by: [signature] RS date 3/15/2001

Existing System Inspection by: _____ date _____

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