IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 550.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC.

PERMIT# 133529 PIN# 4625990544 DATE 2-20-06

OWNER OR CONTRACTOR Zande Homes PHONE: Business 375-5999 Home Laura 375-5969

ADDRESS 909-C East Blvd. Charlotte, NC 28117

LOCATION Brawley School Rd TL Brawley Harbor 1st lot on left

SUBDIVISION The Point BLOCK / SECTION II LOT 267 LOT AREA 41,524 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons: STB 338 Date 3-25-06
Pump Tank: 1000 Gallons: PT 283 Date 3-3-06
Pump Make: Goulds Model WE03J2M6 Serial No. D0672333
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community

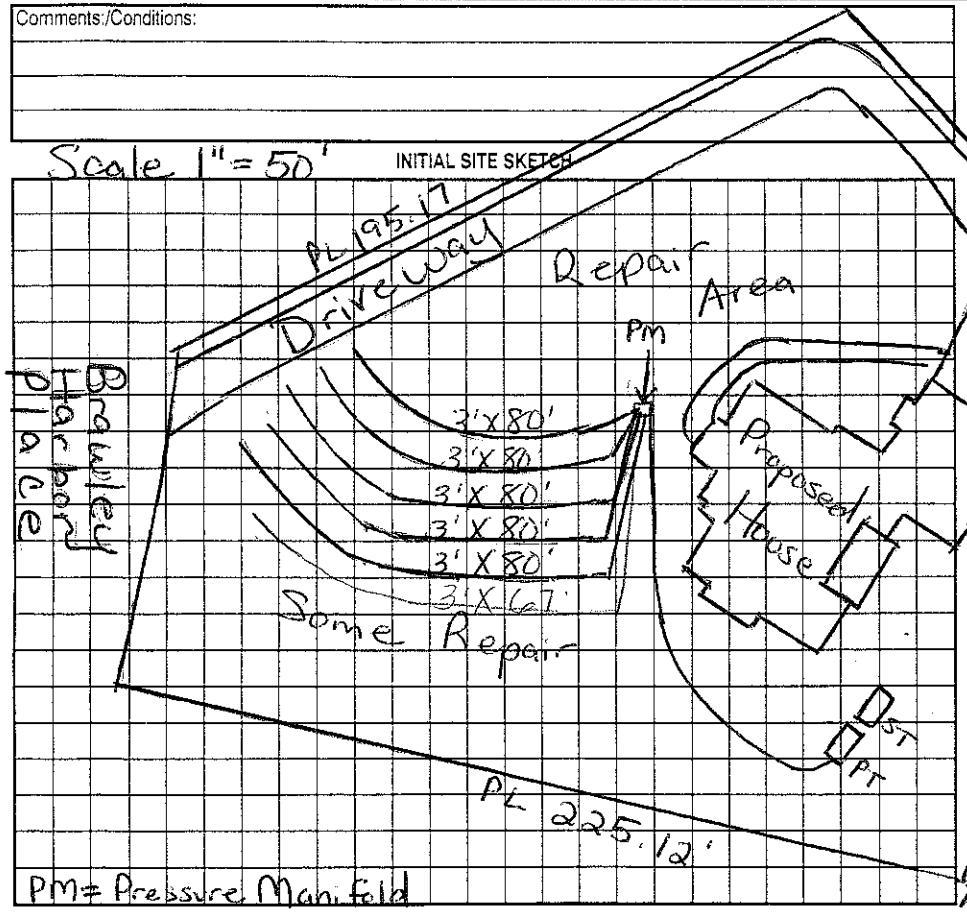
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

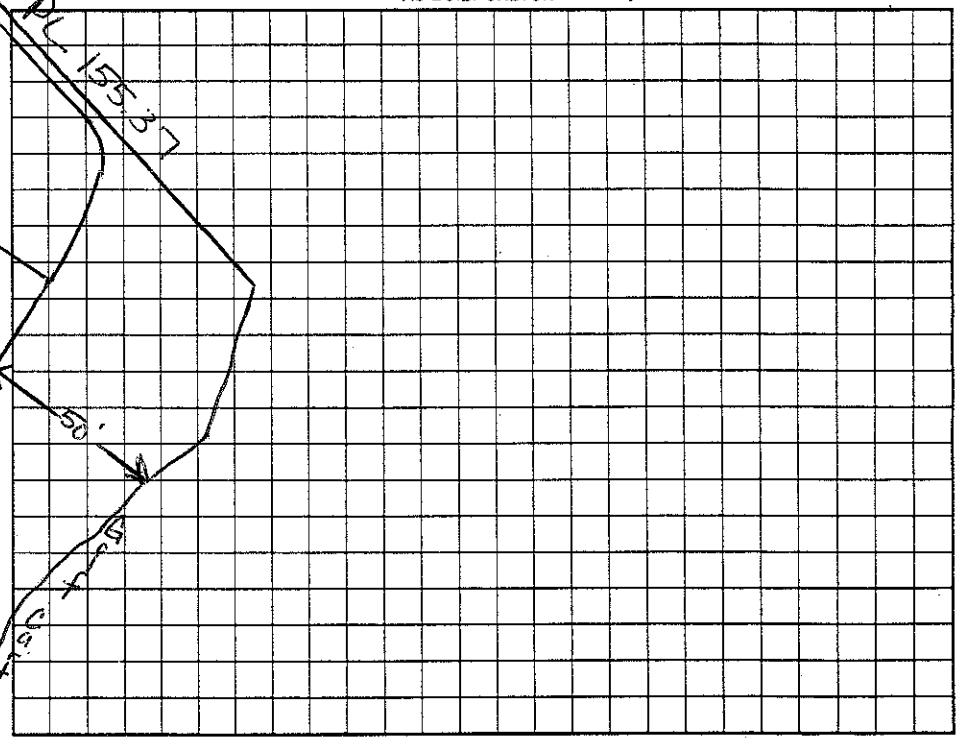
Comments:/Conditions: Installed EZ Flow in 6 lines ~ 67' ea
Checked tanks & lines 6/7/06
Pres. elect. & alarm 8/29/06 MD

Scale 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: Shelby Steele date 2/20/06

Improvement Permit by: Maria H Dolan RS date 2/20/06

Authorization to Construct by: Maria H Dolan RS date 2/20/06

Installed by: Bobby Mayhew

Operation Permit by: Maria H Dolan RS date 8/29/06

Existing System Inspection by: _____ date _____

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