550.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133528 PIN# 4625992523 DATE 2-1-06

OWNER OR APPLICANT Zande Homes PHONE: Business _____ Home _____

ADDRESS 909-C East Blvd Charlotte NC 28203

LOCATION Brawley School Rd Brawley Harbor on left

SUBDIVISION The Point BLOCK / SECTION II LOT 26 Lot LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000T Gallons; STB 4441 Date 4/3/06
Pump Tank: 1000 Gallons; PT 283 Date 4/1/06
Pump Make: _____ Model _____ Serial No. _____
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 ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump - PM - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

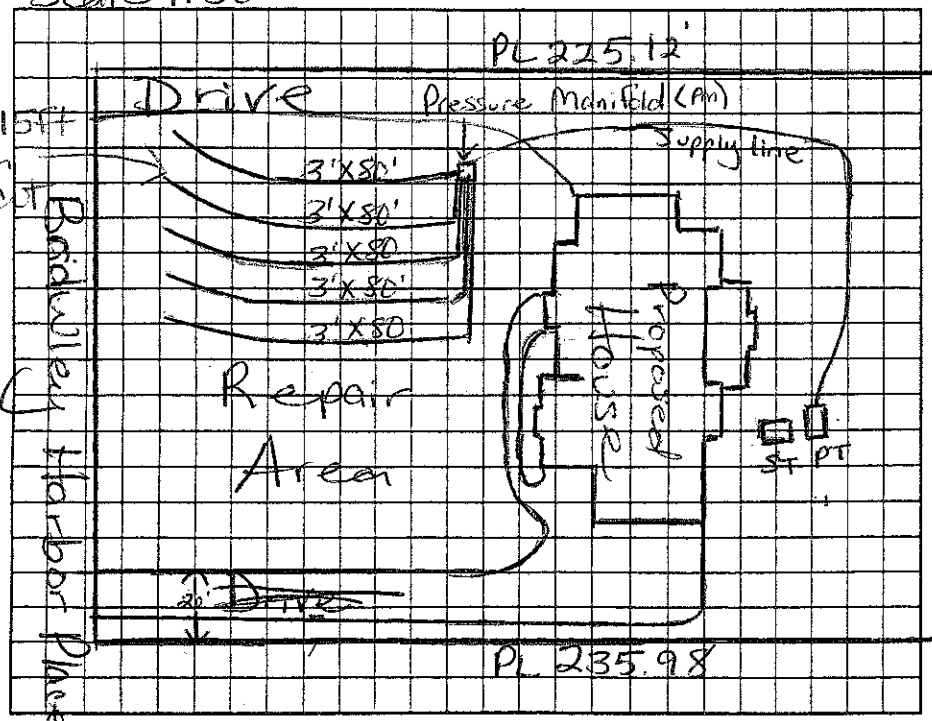
Gravel Depth N/A ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Keep Drainfield at least 15ft from Road cut (>2ft)

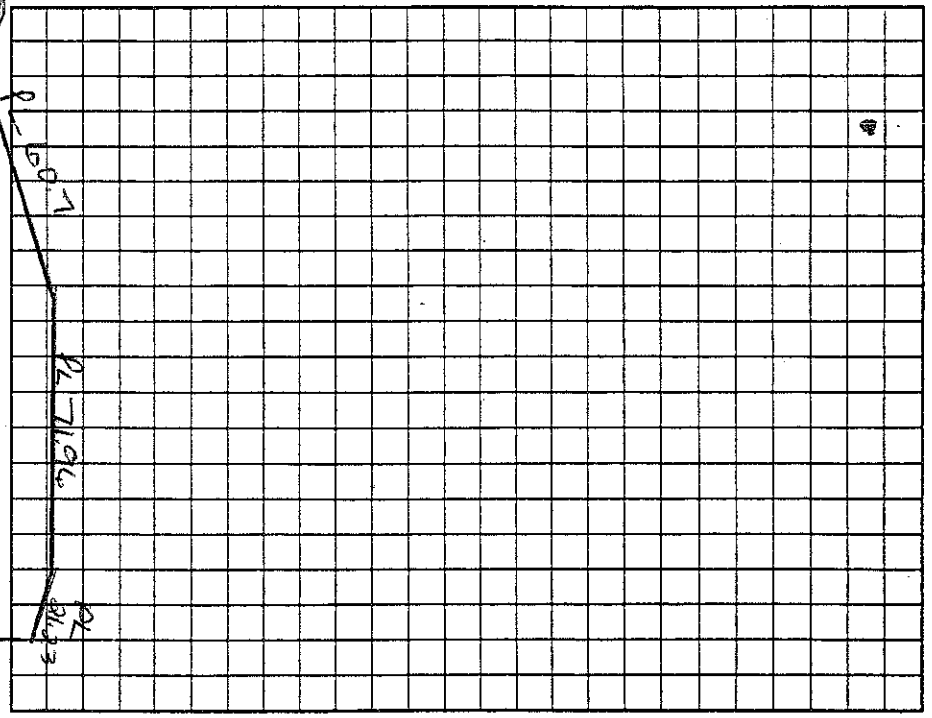
Comments:/Conditions: Note: must keep any future Swimming pool at least 15ft from Septic System & 10ft from Supply line

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: Sheeby Stancil date 2/9/06
Improvement Permit by: Maria H. Dotson RS date 2/2/06
Authorization to Construct by: Maria H. Dotson RS date 2/2/06

Installed by: Bobby Mayhew
Operation Permit by: Maria H. Dotson RS date 8/8/06
Existing System Inspection by: _____ date _____

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