IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 065642 PIN# 4625944689 (pt) 4626 20 1059 DATE Jan 17, 02

OWNER OR CONTRACTOR Weston & Rose Marie Lazear PHONE: Business ____ Home ____

ADDRESS 1042 Southwest Dr. Davidson NC 28036

LOCATION Brawley Sch Rd TR Bay Harbour TR Shipyard Pt. At end on left

SUBDIVISION The Harbour BLOCK / SECTION C LOT 27 LOT AREA 31,860 ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/10/01
Pump Tank: 1000 Gallons; PT 24 Date 12/6/01
Pump Make: Zoeller Model E140 Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 @ 50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PM - Innovative - 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No initially

~~☐~~ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ____
☐ Other ____

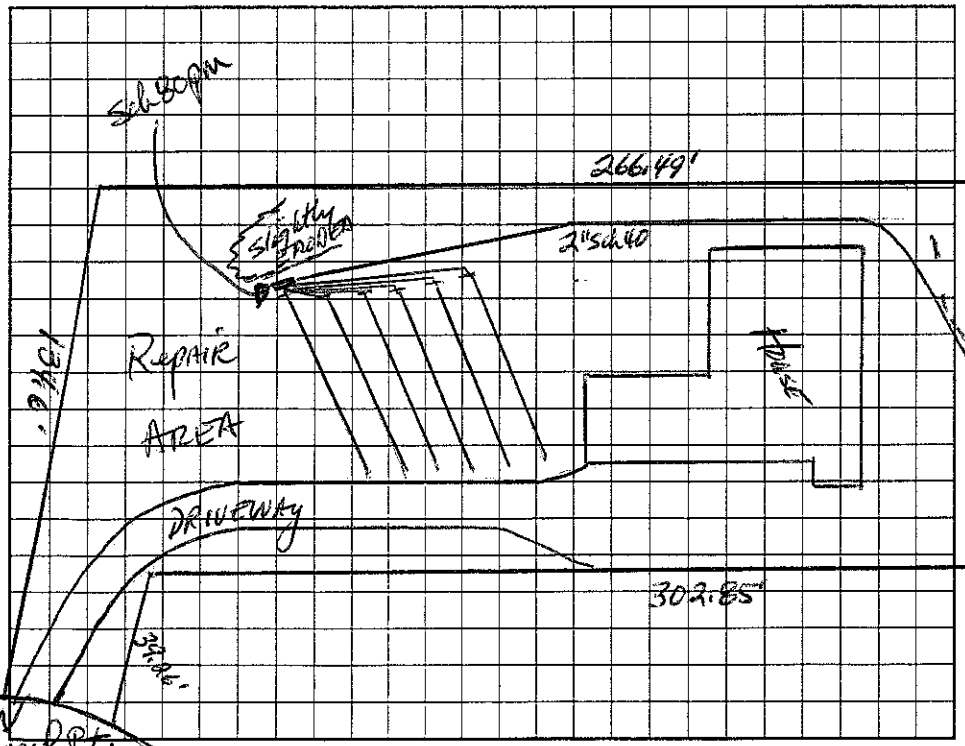
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

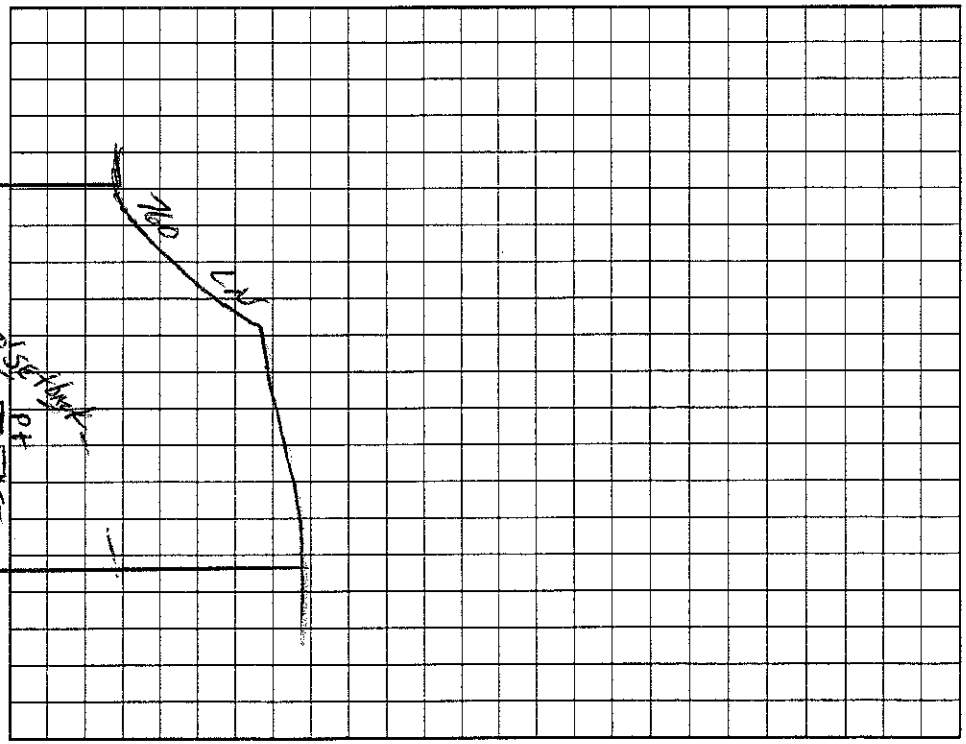
Comments/Conditions:
This permit replaces permit issued 75-01. House was built approx 15' further upslope and driveway encroached on drainfield necessitating change to 25% Reduction drainfield

Comments/Conditions:
Keep future sidewalk within 10' of upslope side of garage.

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 1-18-02 Installed by: Larry Beam

Improvement Permit by: D R Thomas RS date 1-17-02 Operation Permit by: Maria H Dotson RS. date 3/12/2002

Authorization to Construct by: D R Thomas RS date 1-17-02 Existing System Inspection by: ____ date ____

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