IREDELL COUNTY HEALTH DEPARTMENT

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

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

130

PERMIT# 112084 PIN# 4626637315.55 4626746774 DATE 4-19-04

OWNER OR CONTRACTOR Jay Robinette PHONE: Business 704 309-2390 Home

ADDRESS 11010 David Taylor Dr ~~Cha~~ Suite 200 Charlotte NC 28262

LOCATION Brawley School Rd TR South Fork TR Kapp Place TL E. Calicut TR Green Moms TR Agnew TR Caldwell Ck TR Mayes Farm

SUBDIVISION The Farms BLOCK / SECTION 1 LOT 55 LOT AREA .82 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 338 Date 6-6-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'
No Lines 3@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump (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 ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

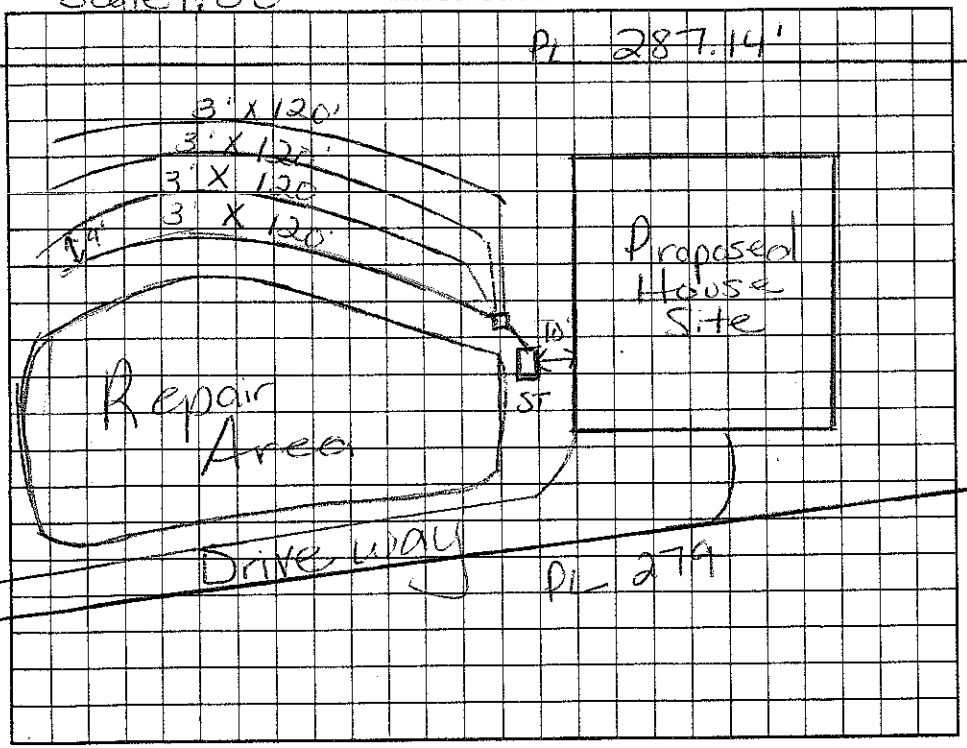
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & House.

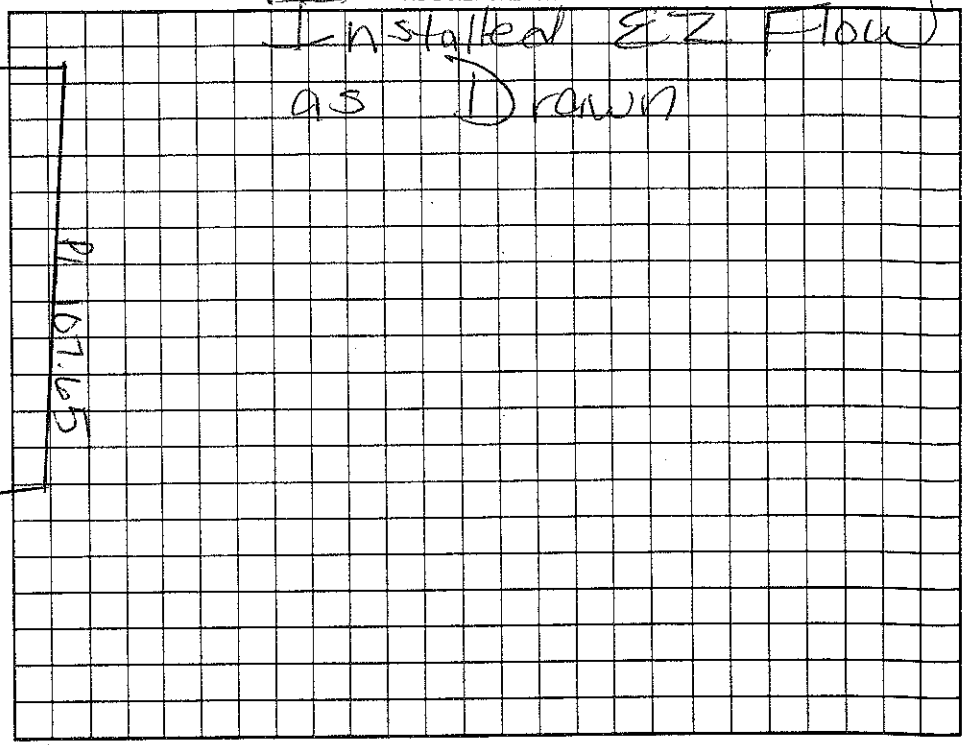
Comments:/Conditions: Used regular Speed levelers

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: Myra Rivenette date 4.20.04

Improvement Permit by: Maria H. Lotson RS date 4/19/04

Authorization to Construct by: Maria H. Lotson RS date 4/19/04

Installed by: Gerald Tucker Septics date 7/9/04

Operation Permit by: Maria H. Lotson RS date

Existing System Inspection by: ____ date ____

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