IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106734 PIN# 4626897033 DATE 6/1/2002

OWNER OR CONTRACTOR TJ's Enterprises PHONE: Business (704) 545-0679 Home ~~646~~

ADDRESS 6000 Morris Farm Ln Charlotte NC

LOCATION Brawley School Rd TR Beechtree TR Gatehouse TR Pomeroy 1st at end

SUBDIVISION CL&P BLOCK / SECTION 8 LOT 528 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 240gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: ~~Existing~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet _____

No Lines _____ ~~Trench~~ Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I II III IV V VI

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees _____

☐ Other _____

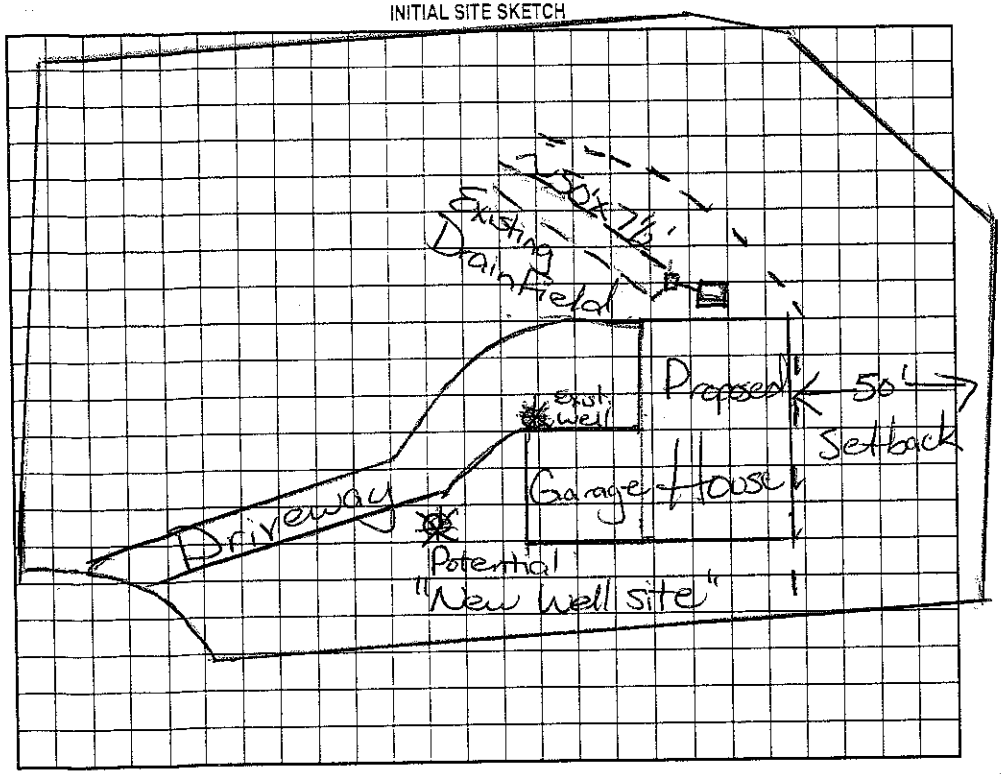
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

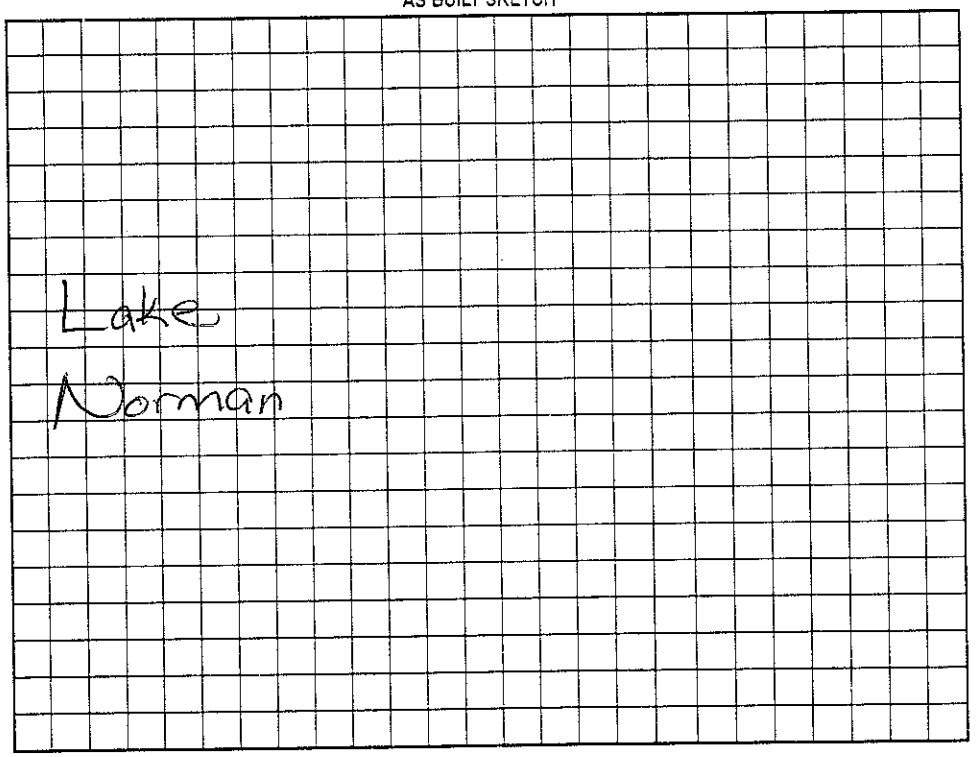
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Keep New house at least 5' from Existing Septic System. If New well drilled, Keep it 25' from house & 100' from Septic

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 _____ Installed by: _____

Improvement Permit by: Maria H Dobson RS date 6/1/2002 Operation Permit by: _____ RS date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H Dobson date 6/1/02

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