IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132286 PIN# 4626902394 4626-90-2394 DATE 11-16-05

OWNER OR APPLICANT Zande Homes Inc PHONE: Business 375-5999 Home Shelby 363-2898

ADDRESS 909 East Blvd Charlotte, NC 28203

LOCATION Brawley School Rd TL Great Point Dr TL Wild Harbor Rd immediately on right

SUBDIVISION The Point BLOCK / SECTION III LOT 294 LOT AREA 35,825 ft² SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 944 Date 3/7/06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction 1/4 Loop
Repair System Description: Pump - LP - Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure

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

Water Supply: ☐ Individual ☒ Public ☒ Community

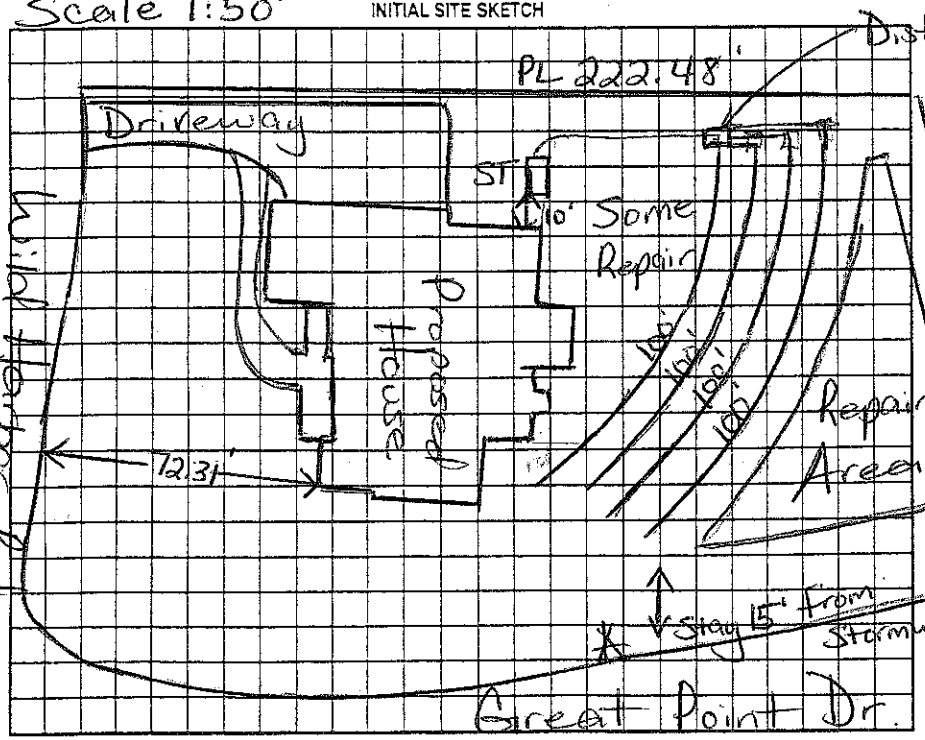
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Note: Keep drainfield 15ft+ (side slope) from stormwater drain

Comments/Conditions: ☒ Do Not over cut house pad

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 RS date 11/7/05 Installed by: Stanley Septic Service

Improvement Permit by: Maria H. Dotson RS date 11/16/05 Operation Permit by: Wesley Sparkman date 4/25/06

Authorization to Construct by: Maria H. Dotson RS date 11/16/05 Existing System Inspection by: ____ date ____

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