IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280.00 Paid 3:30 MOORESVILLE 704-664-5281

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

PERMIT# 113907 PIN# 4627-10-2804 DATE 10/28/03

OWNER OR CONTRACTOR Jim McWilliams PHONE: Business _____ Home 704-287-1227

ADDRESS 2713 Robyns Glen Dr. Charlotte NC 28269

LOCATION BSR, TR McKendree, TR Lakeview Shores 4p, TL Abbot, TR Lakeview Sh, ip on Lt at Courtney Ln.

SUBDIVISION CLIFT BLOCK / SECTION 8 LOT 279 LOT AREA 1.038 AC SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.75

Septic Tank: 1500 Gallons; STB 338 Date 6/2/04

Pump Tank: 1500 Gallons; PT ~~338~~ Date ~~6/2/04~~

Pump Make: Little Giant Model 9EH Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1296 Linear Feet 432

No Lines 6@72' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM - 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 5 No. Employees ____

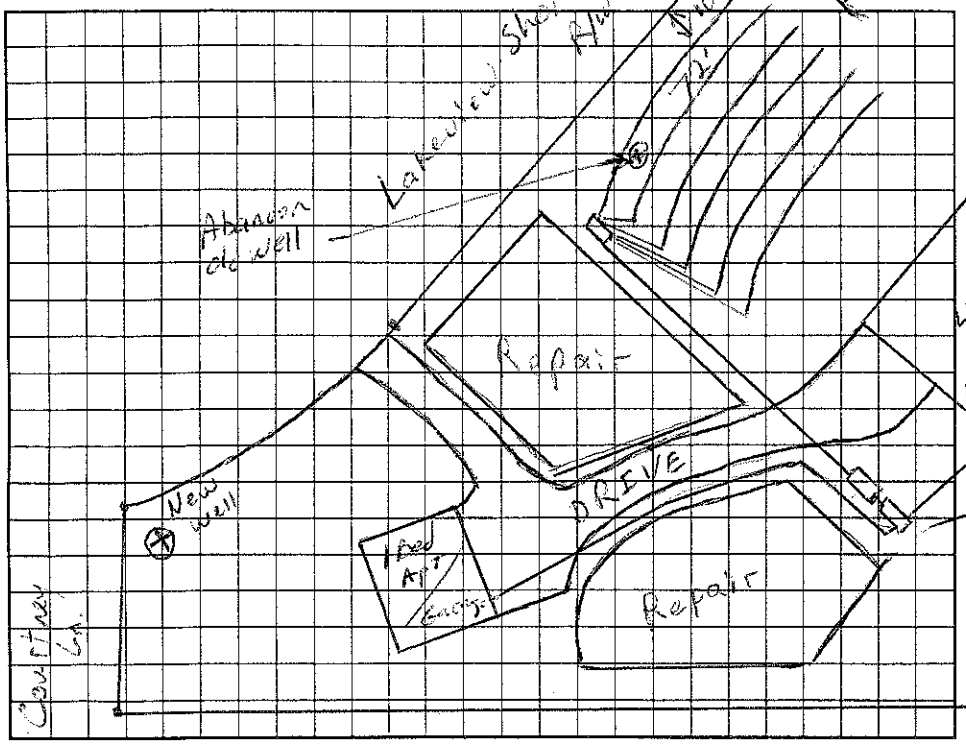
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

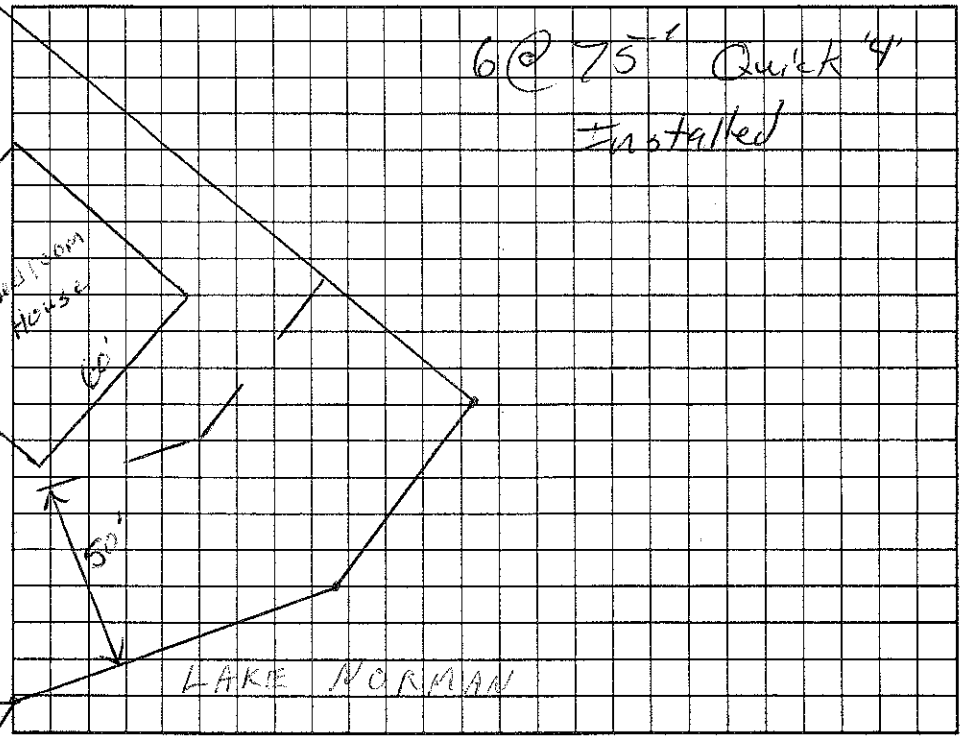
Comments:/Conditions:

Comments:/Conditions: Apt/Garage Built - 4 Bedroom House Not Constructed

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 10/29/03 Installed by: Richard Abernathy

Improvement Permit by: _____ RS date 10/28/03 Operation Permit by: _____ RS date 8/11/04

Authorization to Construct by: _____ RS date 10/29/03 Existing System Inspection by: _____ date _____

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