IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135431 PIN# 4627418272 DATE 6-5-06

OWNER OR APPLICANT Raymond K Jr & Marilyn Gordon PHONE: Business 704-564-0270 Home 704-536-6333

ADDRESS 4128 Gladstone Ln Charlotte 28205

LOCATION Brawley School Rd TR McKendree TR Digh Circle on right

SUBDIVISION CLAT BLOCK / SECTION 8 LOT 390 LOT AREA .968 AC SITE CLASS. PS * DESIGN FLOW 360 total L.T.A.R. .3gpd/ft²

Septic Tank: Existing Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 100
No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☒ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction pump
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other ____

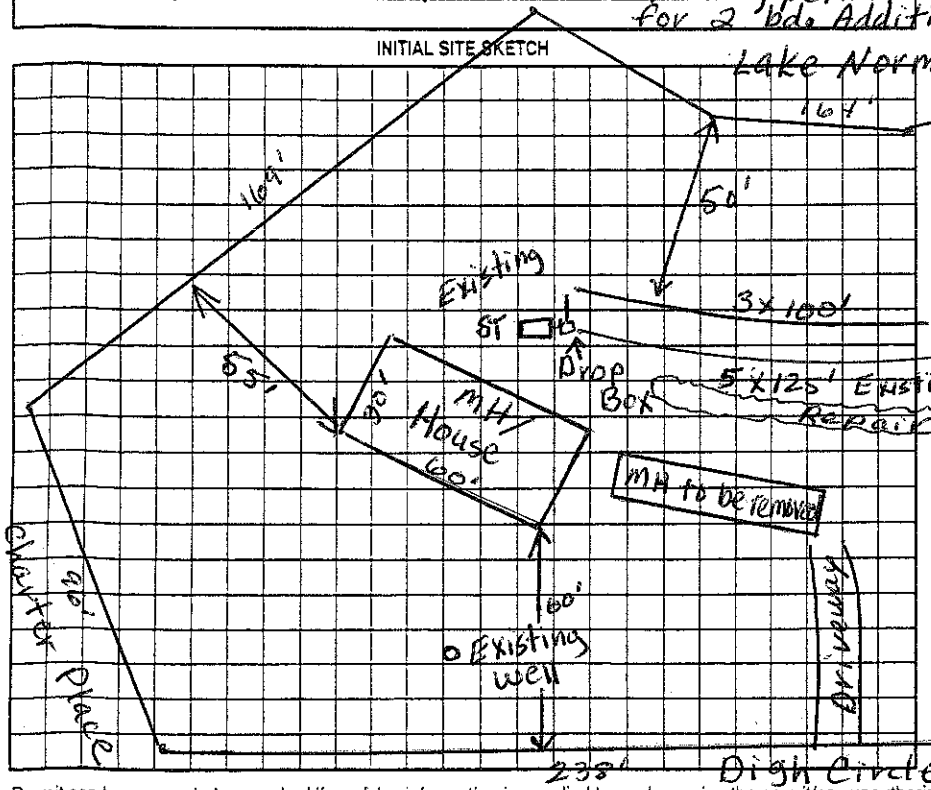
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

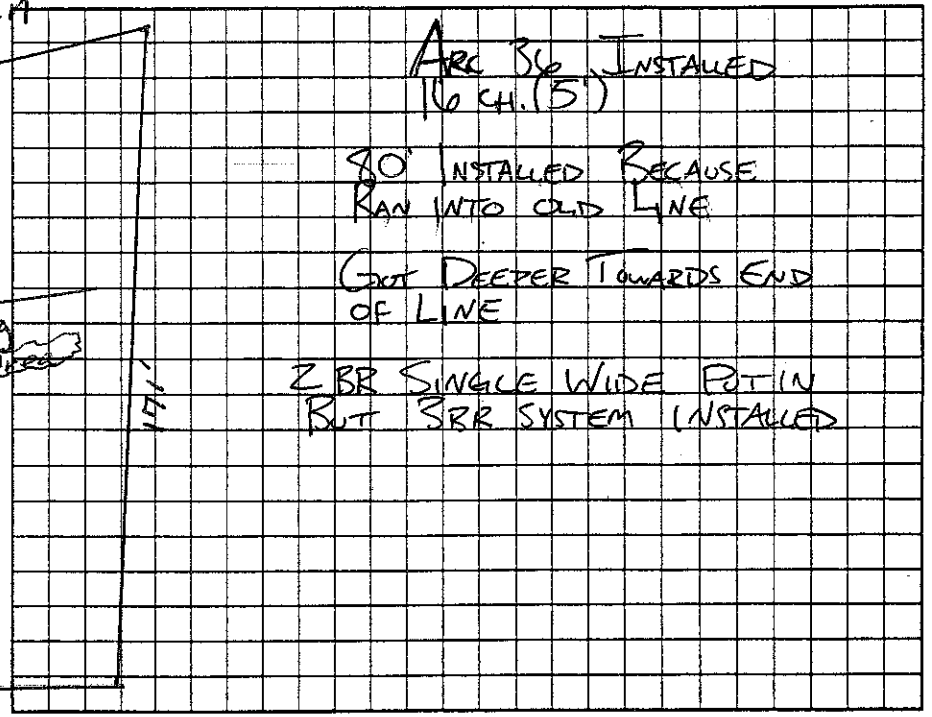
Comments/Conditions: Install drop box at existing trench. New line 8' below existing trench and 50' from 760' contour. * Existing permit for 2 bd. Addition of line for total of 3bd.

Comments/Conditions:

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: Raymond Gordon date 06/29/06 Installed by: ABERNATHY

Improvement Permit by: Judy Mayfield date 6-5-06 Operation Permit by: RHS date 6-29-11

Authorization to Construct by: RHS date 6-29-11 Existing System Inspection by: ____ date ____

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