$130

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORES 704-6[illegible]

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM ... SPECTION

PERMIT# 106769 PIN# 4627-51-3587 DATE 6/26/02

OWNER OR CONTRACTOR Gene Byers PHONE: Business _____ Home 704 992-6041

ADDRESS 12731 Holly Hock Ln. Huntersville NC 28117

LOCATION Brawley Sch, TR McKendree, TR High Cir. TR Charter Pl. Near End on Rt.

SUBDIVISION CL #1 BLOCK / SECTION 8 LOT 385 LOT AREA 0.88 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 11/24/03

Pump Tank: 1000 Gallons; PT 27 Date 11/3/03

Pump Make: _____ Model _____ Serial No. 270

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 6@45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Pressure Manifold Point Block

Repair System Description: Limited Repair Deeded

Maintenance Agreement Required: ☐ Yes ☒ No Prior 1985

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

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

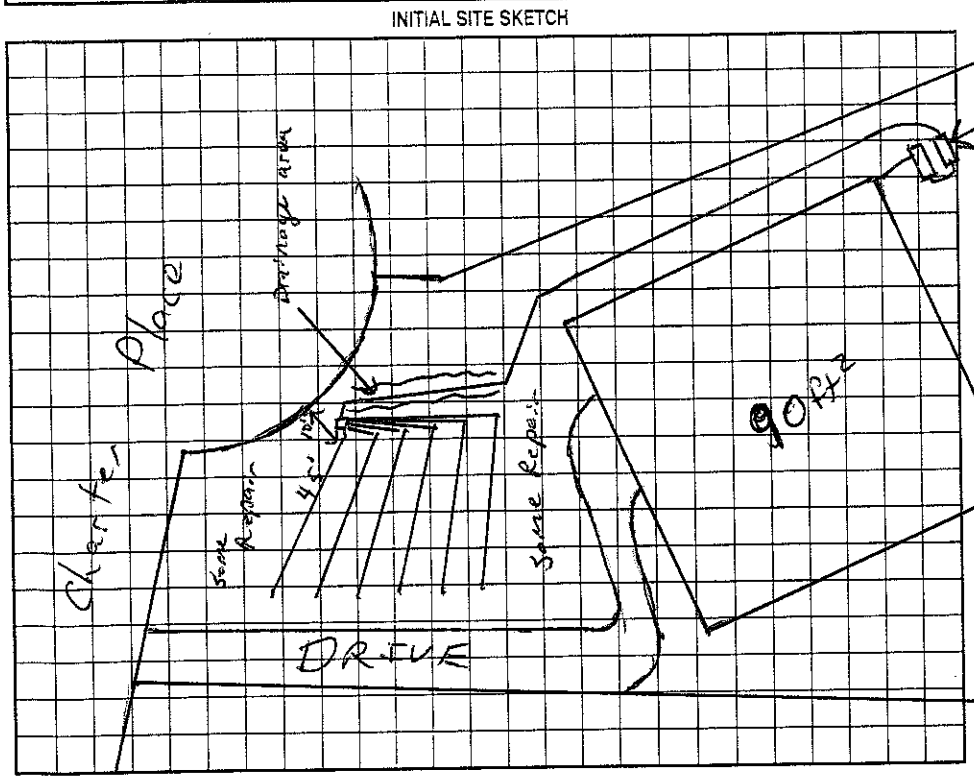
No. Bedrooms 4 No. Bathrooms 4½ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community Existing

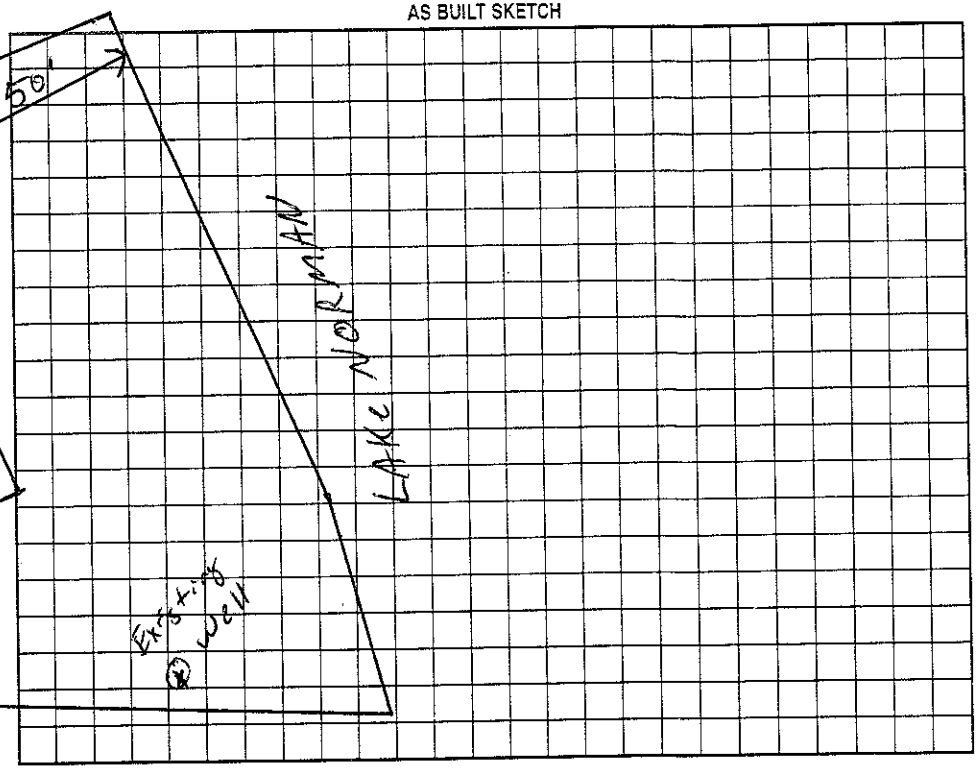
Comments:/Conditions:

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: Gene Byers date 6/26/02 Installed by: Richard Abernathy

Improvement Permit by: [signature] RS date 6/25/02 Operation Permit by: [signature] RS date 5/6/04

Authorization to Construct by: [signature] RS date 6/25/02 Existing System Inspection by: _____ date _____

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