IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 094679 PIN# 4627878~~708~~ PT 4627817691 DATE 10-29-01

OWNER OR CONTRACTOR Albee Construction PHONE: Business 400-0089 Mobile Home

ADDRESS P.O. Box 1115 Cornelius, NC 28031

LOCATION Brawley School Rd. TR Blume Rd TL Beaten Path TL Cicero TL Shavenders TR Bath Creek on right

SUBDIVISION Shavenders Bluff BLOCK / SECTION 2D LOT 115 LOT AREA 1.09 Acres SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1612 Date 3/11/03
Pump Tank: 1000 Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 270'
No Lines 6 @ 45' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity ~~Pump~~ - Panel Block
Repair System Description: Pump-LP-Panel
Maintenance Agreement Required: [ ] Yes [X] No Not initially
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other ____

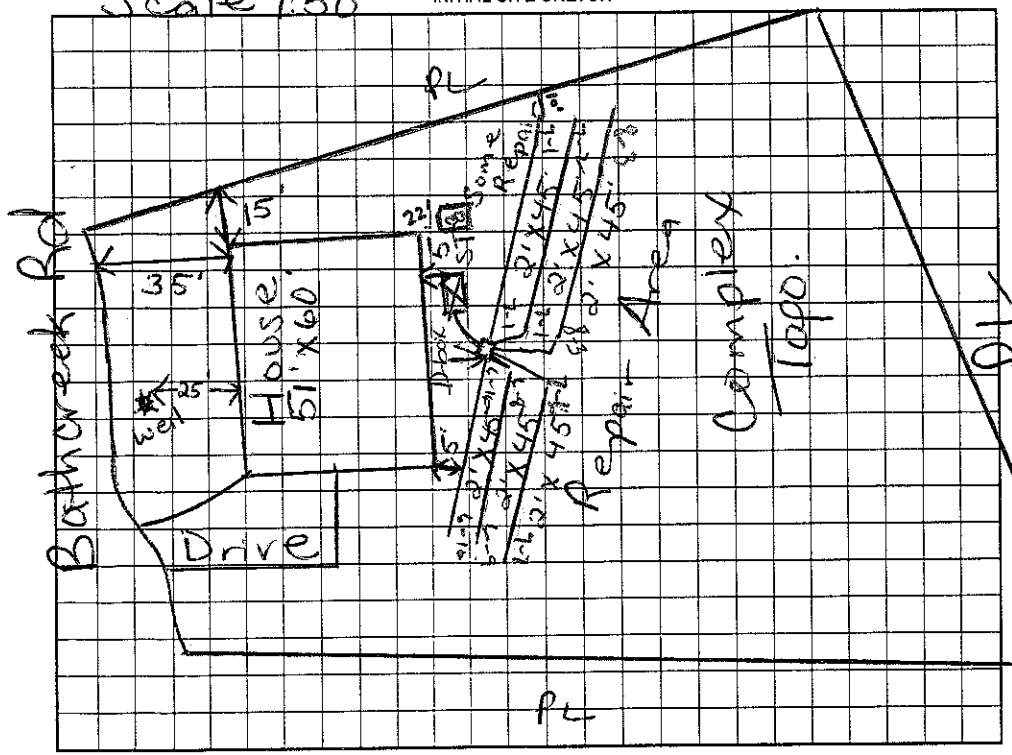
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' to PL, >50' to well. Keep well 25' from house.

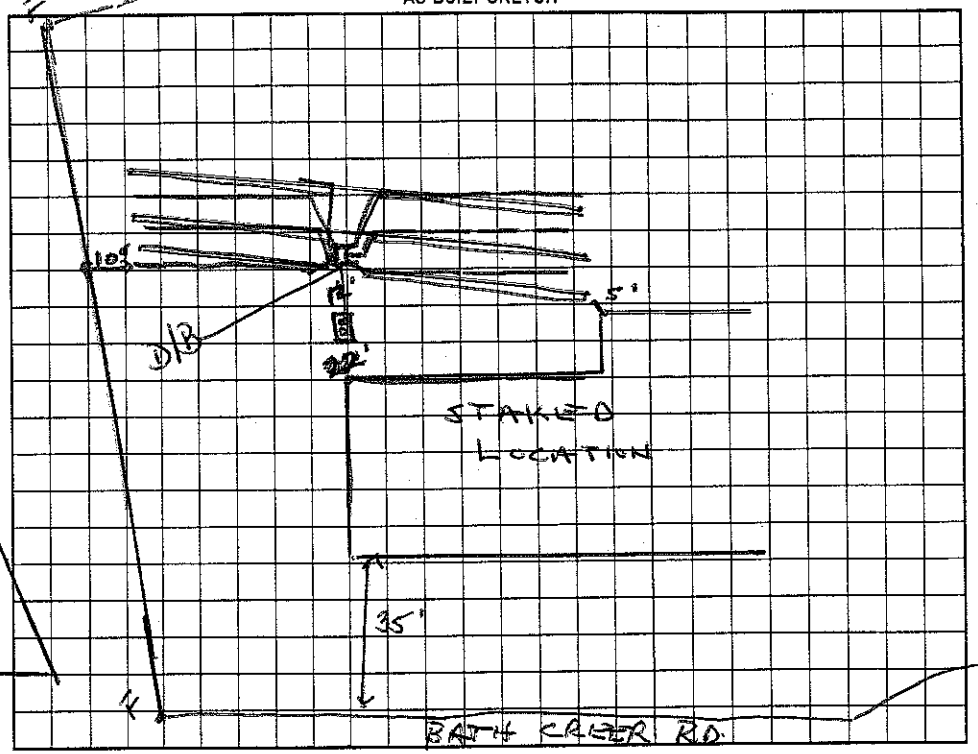
Comments:/Conditions: 16" PPBPS INSTALLED.

INITIAL SITE SKETCH

Scale 1:50'



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 10/31/01 Installed by: R. Albee and Kathy

Improvement Permit by: Maria H. Dotson RS date 10/29/01 Operation Permit by: Wesley Sparks RS date 5/15/02

Authorization to Construct by: Maria H. Dotson RS date 10/29/01 Existing System Inspection by: ____ date ____

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