2130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91277 PIN# ~~462781901 4 PT~~ 4627917055 DATE 1/23/01

OWNER OR CONTRACTOR SHAVENDER'S DEV. GROUP / ATKINSON BUILDING CO. PHONE: Business 336-247-1383 Home

ADDRESS 490 RIVER RIDGE LN - LEXINGTON 27295

LOCATION BRAWLEY SCHOOL - TR BLUME - TL BEAVER PATH - TL CICERO - TL SHAVENDER DR - ON LT

SUBDIVISION SHAVENDER'S BLUFF BLOCK / SECTION LOT 89 LOT AREA .91C SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 4/17/01
Pump Tank: 1000 Gallons; PT 27 Date 6/2/01
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

☑ ~~New System~~ ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Pump 25% REDUCTION
Repair System Description: Pump SAME
Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

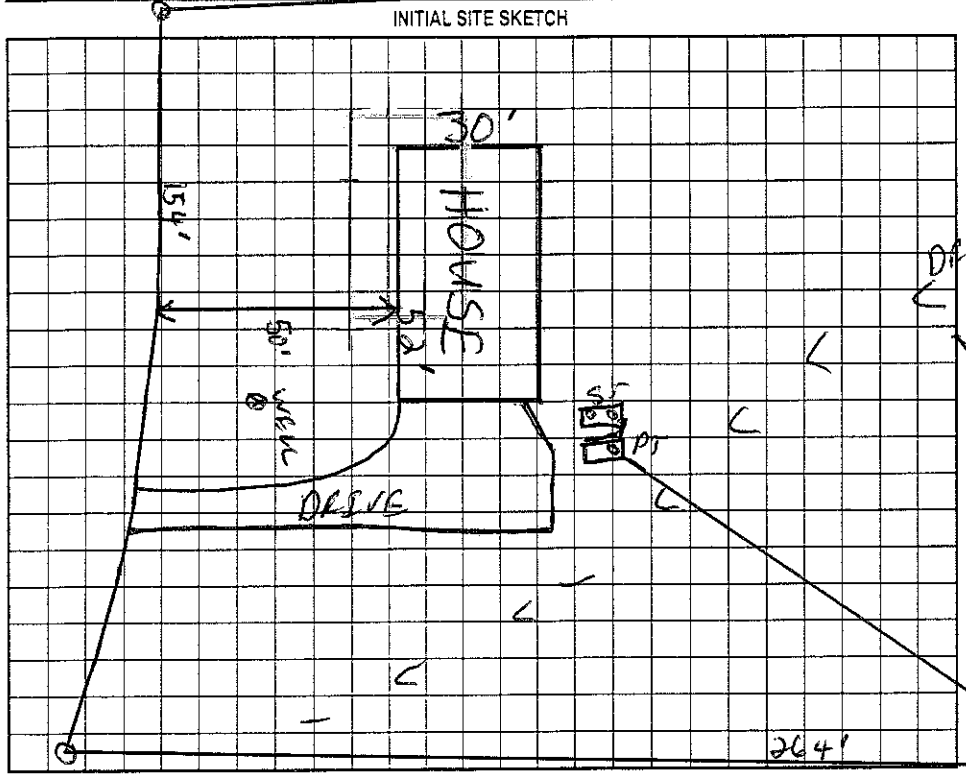
☑ ~~House/Mod. Home~~ No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
Gravel Depth N/A
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions:

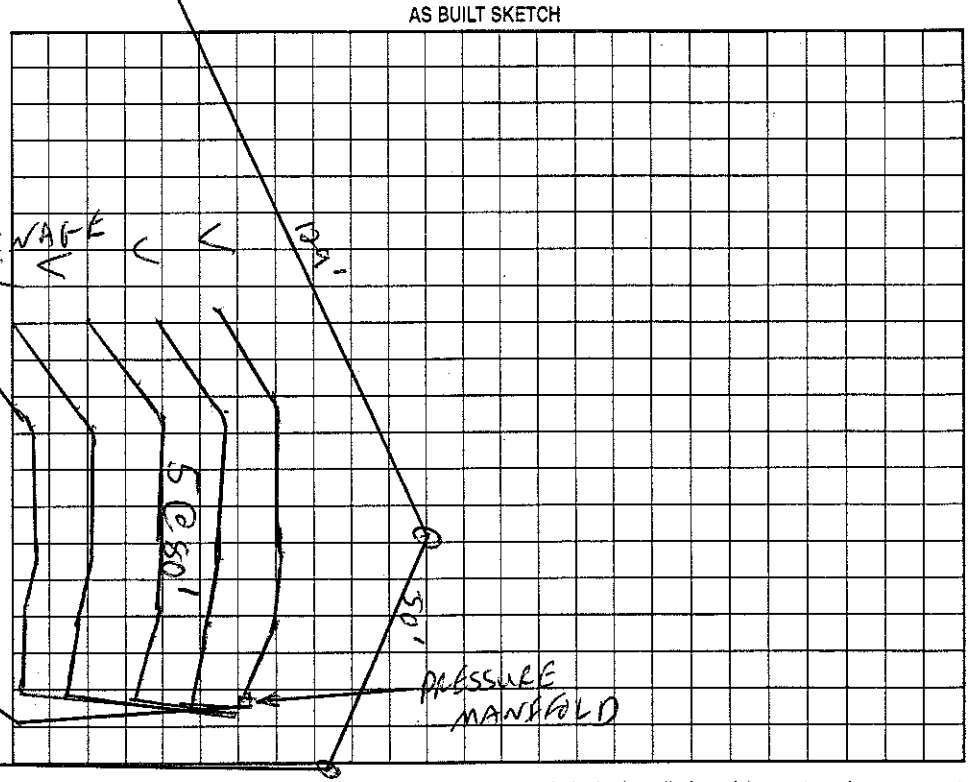
1"=40'

INITIAL SITE SKETCH



Comments:/Conditions: 170-171 GPD, 8.8" Drawdown = 7" Tether

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 1/29/01
Improvement Permit by: C. Bly Zen RS date 1/23/01
Authorization to Construct by: C. Bly Zen RS date 1/23/01

Installed by: Atlantic Grading
Operation Permit by: _____ RSI date 8/15/01
Existing System Inspection by: _____ date _____

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