CI 325.00 Paid 3/16

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094568 PIN# ~~4629964177~~ PT 4629-74-2827 DATE 9/17/01

OWNER OR CONTRACTOR PROVIDENCE DEV. GROUP PHONE: Business _____ Home _____

ADDRESS 6707 FAIRVIEW RD CHARLOTTE NC 28210

LOCATION PERTH RD (S) - TR STATE PARK - TL MORRISON FARM - ON RT. BEFORE SUNSET BAY DRIVE

SUBDIVISION SUNSET BAY BLOCK / SECTION _____ LOT 22 LOT AREA 49073 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2-6-06
Pump Tank: 1000 Gallons; PT 11 Date 2-1-05
Pump Make: 60 DOSS Model WE0571 A Serial No. 565597599
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PAVEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

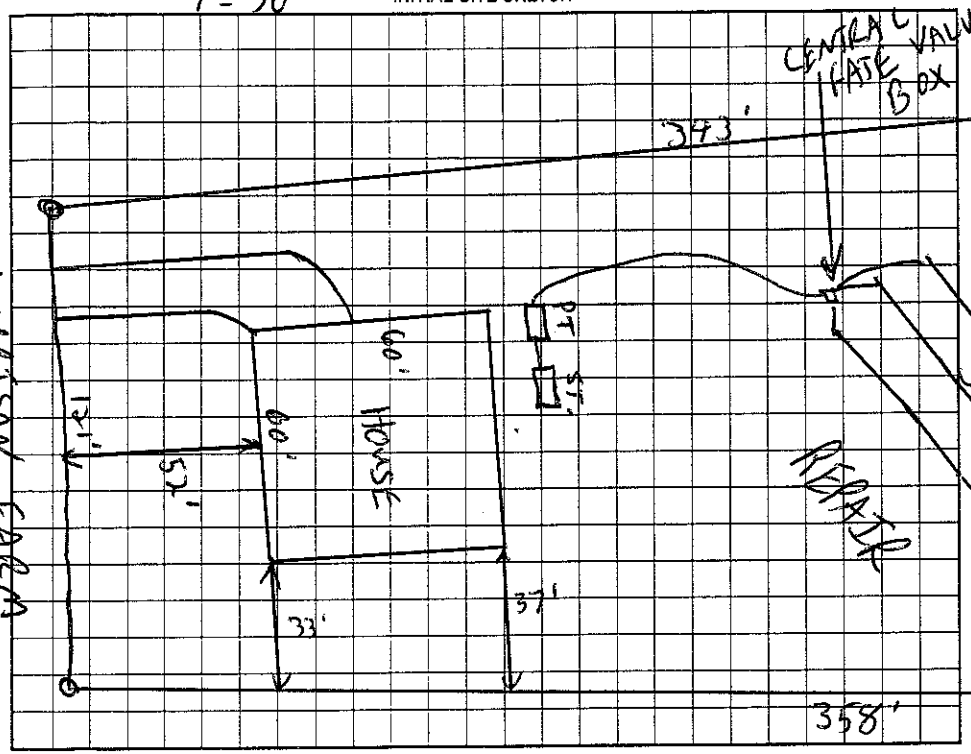
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

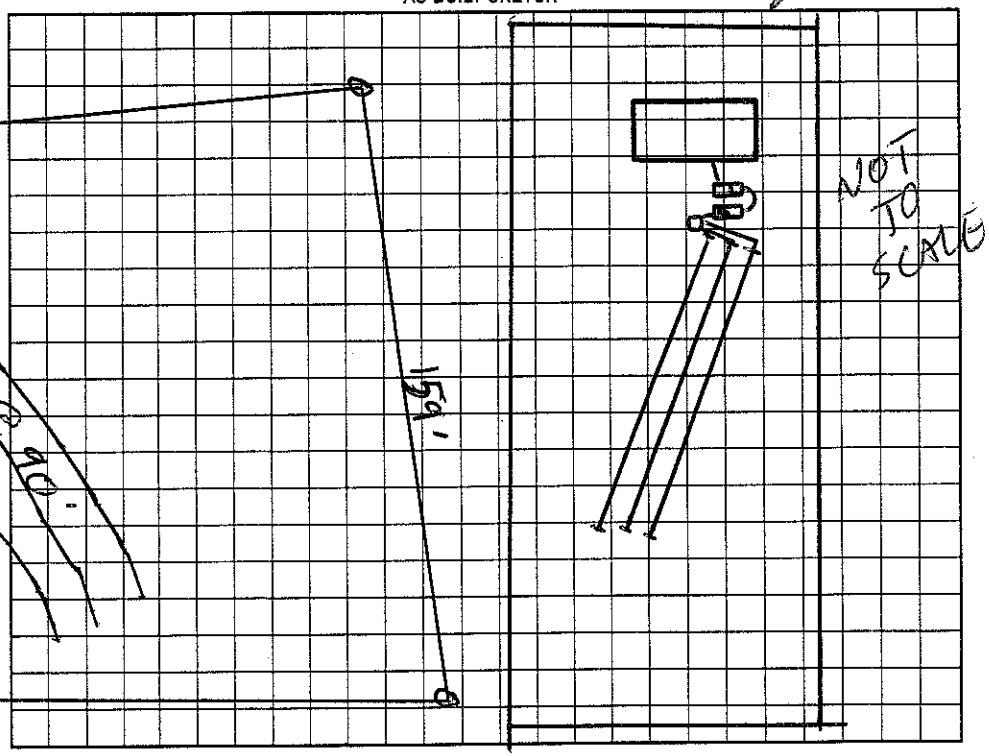
Comments:/Conditions: 60660681

Comments:/Conditions: Approved 56×53 House PLAN. 3 BEDROOM SYSTEM SIZED FOR 4 BEDROOM SYSTEM. MAINTAIN SETBACKS. 6-7-06 BUILDER OK'S TANK CHANGES Glynn Kirk

1"=50' 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 10-30-01 Installed by: C & S Grading

Improvement Permit by: _____ date 9/17/01 Operation Permit by: _____ date 7-5-06

Authorization to Construct by: _____ date 6-7-06 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK 539 5430