136313

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 094569 PIN# ~~4629641771 PT~~ 4629-74-2999 DATE 9/14/01

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

ADDRESS 6707 FAIRVIEW RD. CHARLOTTE NC 28210

LOCATION PERTH(S) - TR STATE PARK - TL MORRISON FARM - ON RT

SUBDIVISION SUNSET BAY BLOCK / SECTION _____ LOT 23 LOT AREA 40832 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .80 .2 gal/SF

Septic Tank: 1000 Gallons; STB 1012 Date 2-22-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600
No Lines 6 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ' N/A

☑ New System ☐ Repair System Type: I II III IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LPP PANEL
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

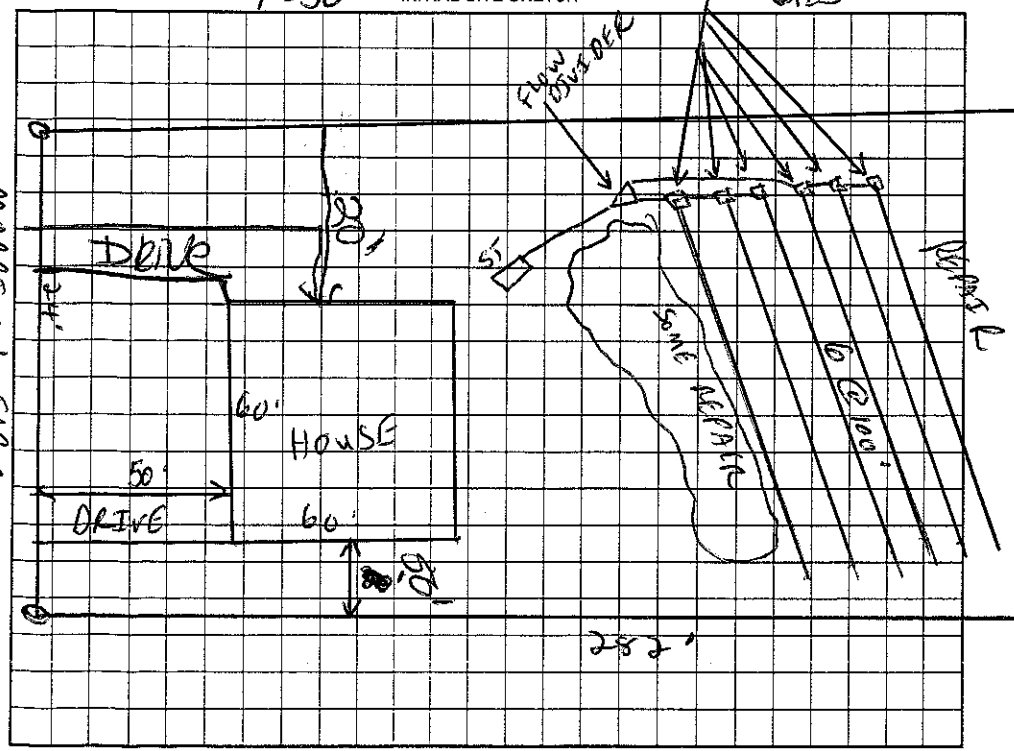
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

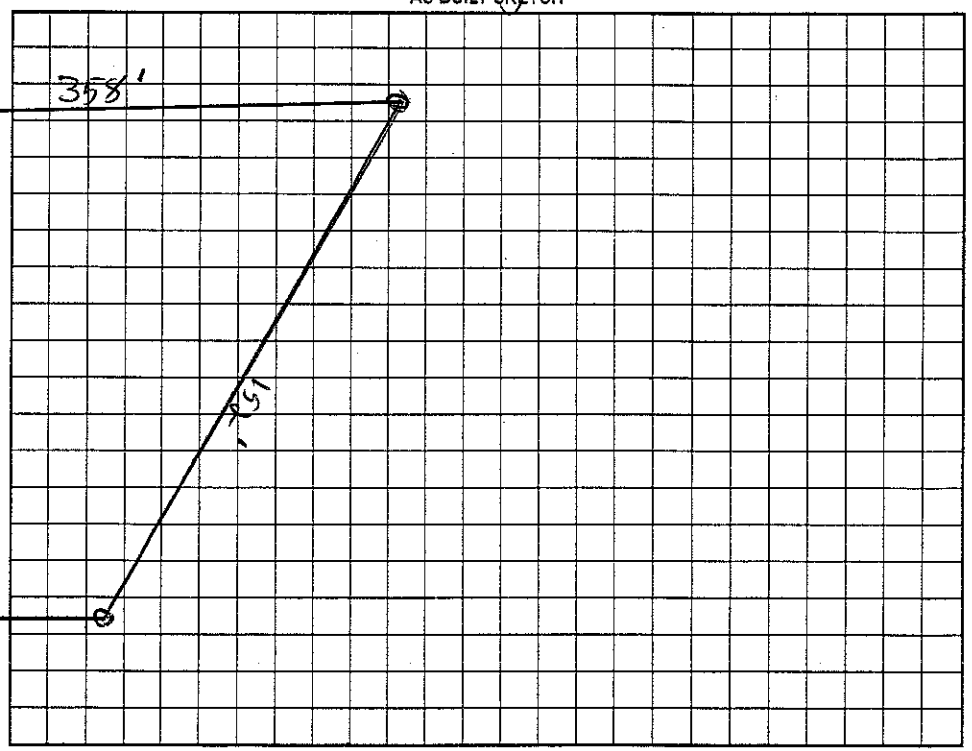
Comments:/Conditions: Approved 60'x50' House PLAN 4 BEDROOM on 6-7-06. MAINTAIN SETBACKS

Yellow ~~Paperwork~~ Info left

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 & J GRADING

Improvement Permit by: _____ date 9/14/01 Operation Permit by: _____ date 8-24-06

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