IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072841 PIN# ~~4625944684~~ 4635-13-4079 DATE 3/2/99

OWNER OR CONTRACTOR Zander Bld. PHONE: Business _____ Home 363-8752

ADDRESS _____

LOCATION 1100 L Mtg 45E L ~~VINEYARD~~ (L) FALMOUTH (L) Essex At End on (L)

SUBDIVISION The Pointe BLOCK / SECTION A LOT 35 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 799 Date 7/6/99
Pump Tank: 1000 Gallons; PT 27 Date 7/3/99
Pump Make: MYERS Model ME-3F-21 Serial No. 7/15/99
Nitrification Field: No Fields 1 Square Feet 798 Linear Feet 266
No Lines 5 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: Pump/VB/50% Redx/Panel
Repair System Description: Same
Maintenance Agreement Required: ☑ Yes ☐ No

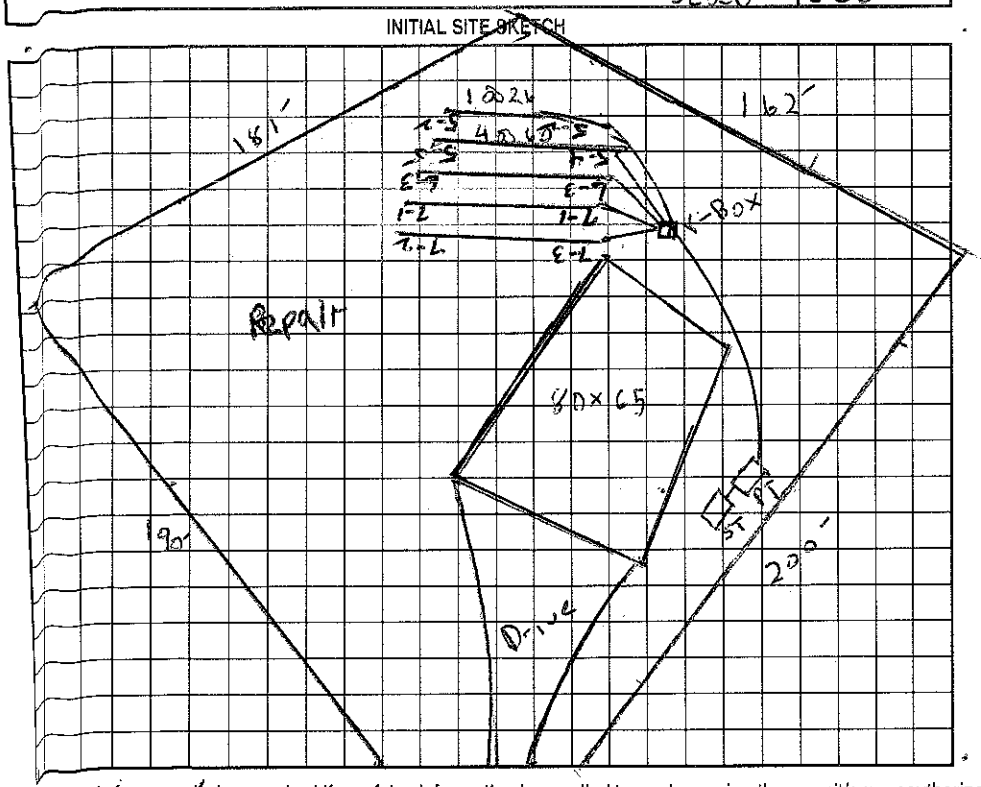
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

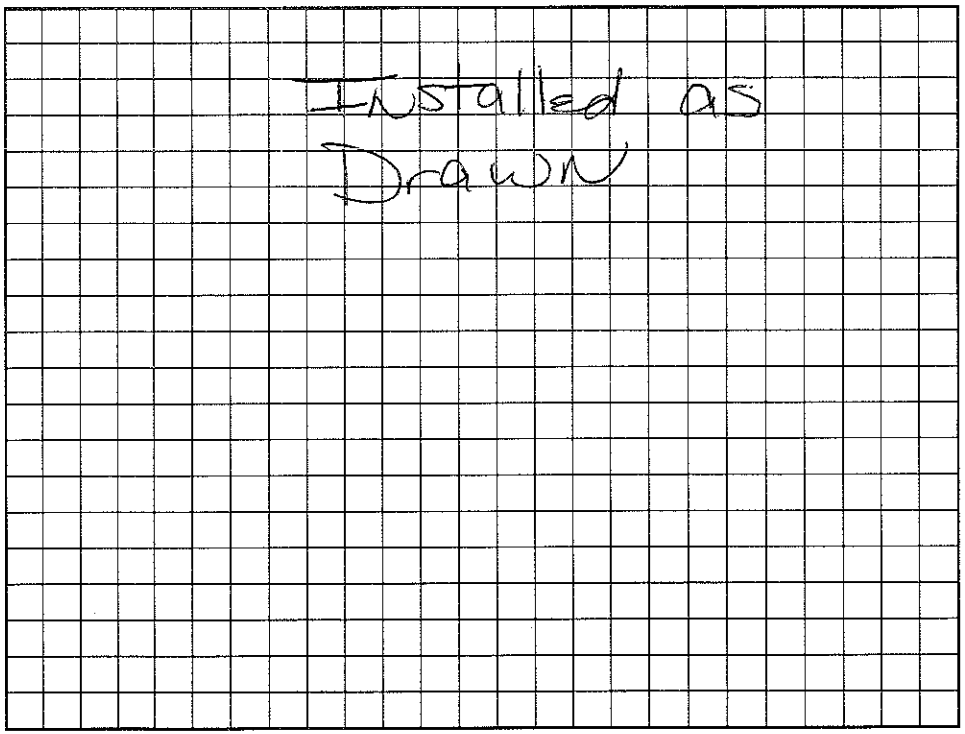
Comments/Conditions: Keep system 10' off PL & 5' off House
Install lines on Contour
Use value Box
Scale 1=60

Comments/Conditions: Replaces permit issued 7/30/98

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 _____ Installed by: Bob Mayhew

Improvement Permit by: Jeff Morgan date 3/2/99 Operation Permit by: Maria H. Dotson RS date 1/13/2000

Authorization to Construct by: Jeff Morgan date 3/2/99 Existing System Inspection by: _____ date _____

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