IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281 200

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

PERMIT# 083420 PIN# 4635384725 Darryl DATE 5-1-03

OWNER OR CONTRACTOR Gary Brown (Darryl Hoke builder) PHONE: Business 201-0264 Home (727) 391-4409

ADDRESS 9267 123Rd Way N Seminole FL 33772

LOCATION Brawley School Rd TL Isle of Pines TL Ruby on left

SUBDIVISION Pineview Est. BLOCK / SECTION ____ LOT 3 LOT AREA .89 Acres SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4@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: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

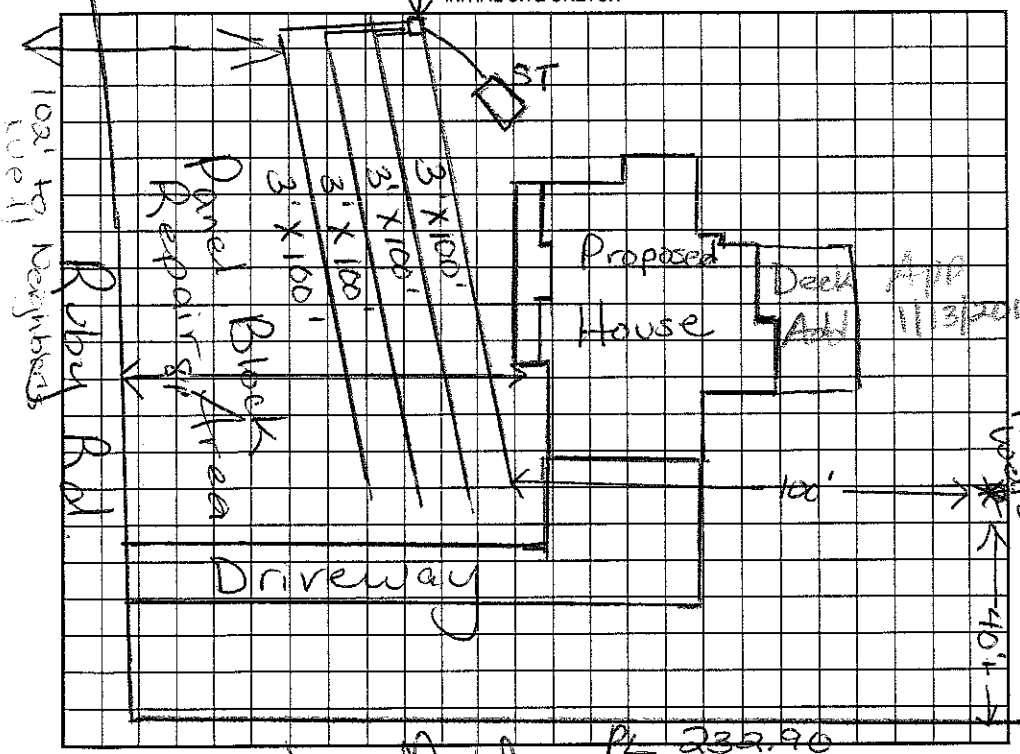
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

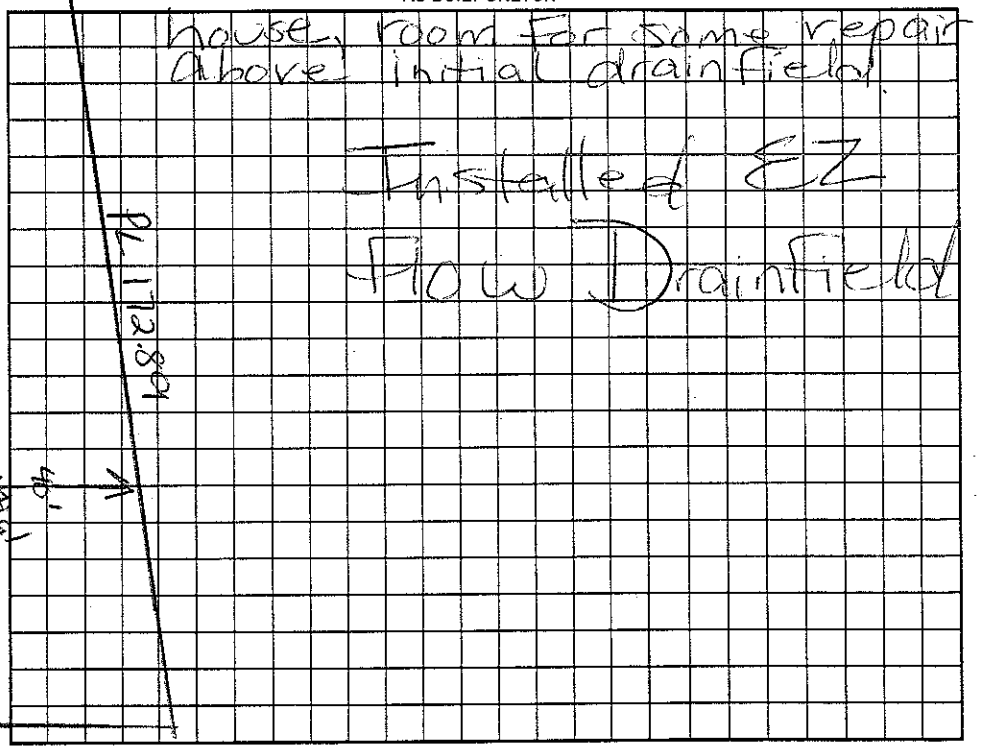
Comments:/Conditions: PL 222.68 Scale 1:40 Old Rd Bed D-box

Comments:/Conditions: Keep Septic system at least 10' to PL. Keep well at least 25' to house & 40' from PL. * Note, lines installed parallel to house, room for some repair above initial drainfield. Installed EZ Flow Drainfield

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 5/2/03

Improvement Permit by: Maria H. Dotson RS date 5/1/03

Authorization to Construct by: Maria H. Dotson RS date 5/1/03

Installed by: Rall RS

Operation Permit by: Maria H. Dotson date 11/13/03

Existing System Inspection by: ____ date ____

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