IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089-140 PIN# 4635390144 M 905-02-8622-1881 DATE 4/23/2001

OWNER OR CONTRACTOR Javier Chavez PHONE: Business 567-6050 Home 366-4751

ADDRESS 6533 Deermont Ct. Charlotte, NC

LOCATION Brawley School Rd TC Isle of Pines N 2miles on left just past Lake Hills Est.

SUBDIVISION Pineview Est BLOCK / SECTION ____ LOT 11 LOT AREA 1.0 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12-9-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 6 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: Pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

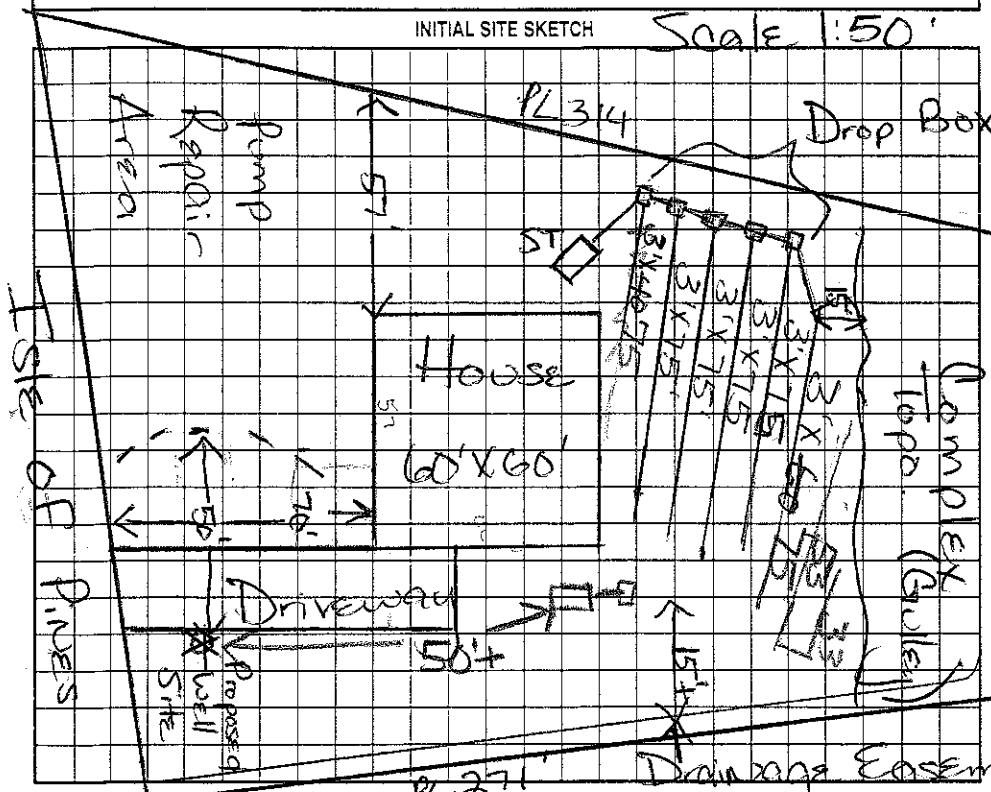
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From P.L. 50' from any well. Keep Drainlines 15' from top of Slope of Embankment

Comments:/Conditions: Okay to fill in part of Drainage ditch to meet 15' setback

INITIAL SITE SKETCH Scale 1:50'



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: Steve Jordon – Piedmont Backh.

Improvement Permit by: Maria H. Dotson RS date 4/23/2001 Operation Permit by: Maria H. Dotson RS date 4/26/2002

Authorization to Construct by: Maria H. Dotson RS date 4/23/2001 Existing System Inspection by: ____ date ____

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