IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087342 PIN# 4635790865 DATE 1/27/2000

OWNER OR CONTRACTOR Susan McKee / Spears Construction PHONE: Business 636-7954 Max Home Spears 361-7518 (mobile)

ADDRESS P.O Box 107 Sutton, MA 15900

LOCATION Brawley School Rd. TL Stutts Rd TL Commodore Loop (2nd) TL Mainview, Middle of block on Rt

SUBDIVISION Commodore Pen, BLOCK / SECTION ____ LOT 191 LOT AREA 70'x 143' SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3/6/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 600' Linear Feet 200'
No Lines 4 @ 50' Trench Width 36" Max Trench Bottom Depth 30"

[X] New System [ ] Repair System Type: I II III IV V VI *
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth N/A [X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

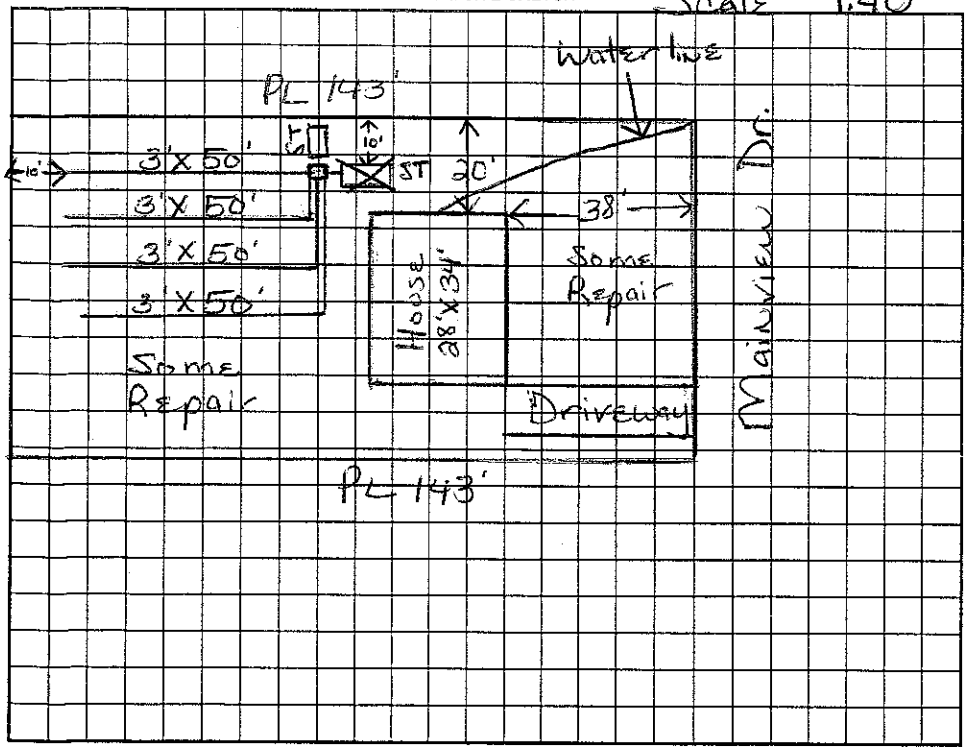
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [ ] Individual [X] Public [X] Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 5' From house.

Comments:/Conditions: Feather off old berms
* 25% Reduction in Drainfield area.

INITIAL SITE SKETCH Scale 1:40



AS BUILT SKETCH

Installed as Drawn
Chambers / Infiltrator

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 2-3-00 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dotson RS date 1/27/2000 Operation Permit by: Maria H. Dotson RS date 3/30/2000

Authorization to Construct by: Maria H. Dotson RS date 1/27/2000 Existing System Inspection by: ____ date ____

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