IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281 10:00

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

PERMIT# 103602 70 PIN# 4635 80 6449 DATE 3-4-2002

OWNER OR CONTRACTOR Vernon T Grier Antwan Alexander PHONE: Business 451-8508 Home 451-7630

ADDRESS 4625 Sharon Chase Dr. Apt #5 Charlotte NC 28213

LOCATION Langtree Rd TR Lakeshore Dr. TL Aqua Rd 7th lot on left

SUBDIVISION Lake View Shores BLOCK / SECTION ____ LOT 24 LOT AREA 127'X158' SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/19/02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 270'

No Lines 6@45' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

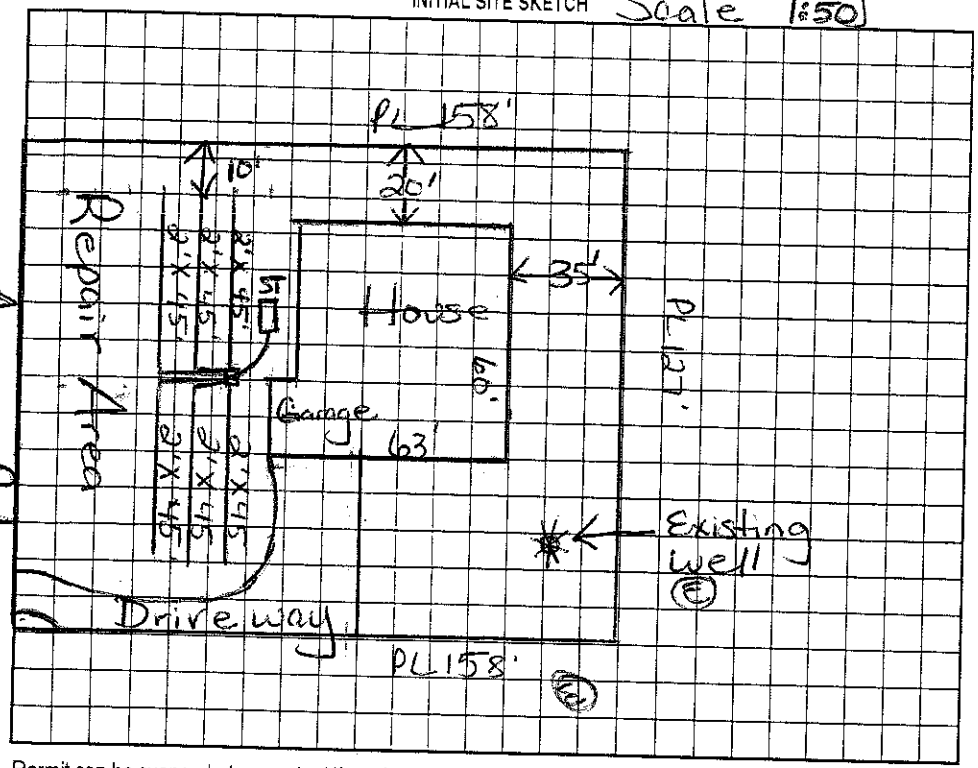
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual (existing) ☐ Public ☐ Community

Comments:/Conditions: Install Panel Block drainfield with 24" trenches and 8Ft on Center. Keep Septic System 10' From PL and >50' from Existing wells

Comments:/Conditions:

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: Antwan Alexander date 3/7/2002 Installed by: A Cornelius Grading

Improvement Permit by Maria H. Dotson RS date 3/4/2002 Operation Permit by: Wesley Sparks RS. date 12/2/02

Authorization to Construct by Maria H. Dotson RS date 3/4/2002 Existing System Inspection by: ____ date ____

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