3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~25321~~ 72751 PIN# 26-23 B-36 / 4636-00-3698 DATE 3/17/98

OWNER OR CONTRACTOR N. CONSTRUCTION / Waggoner PHONE: Business _____ Home 875-1710

ADDRESS 14415 Hwy 73 @ Huntersville 28078

LOCATION BRAWLEY SCHOOL RD - TL ISLE OF PINES - TR COVE CREEK - TL WYNSWEPT - TR WINWARD - TL NORTH SHORE 1st on Rt. 137

SUBDIVISION NORTH SHORE BLOCK / SECTION II LOT 36 LOT AREA - SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11/16/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 270

No Lines 6@45 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY PANEL

Repair System Description: GRAVITY/PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

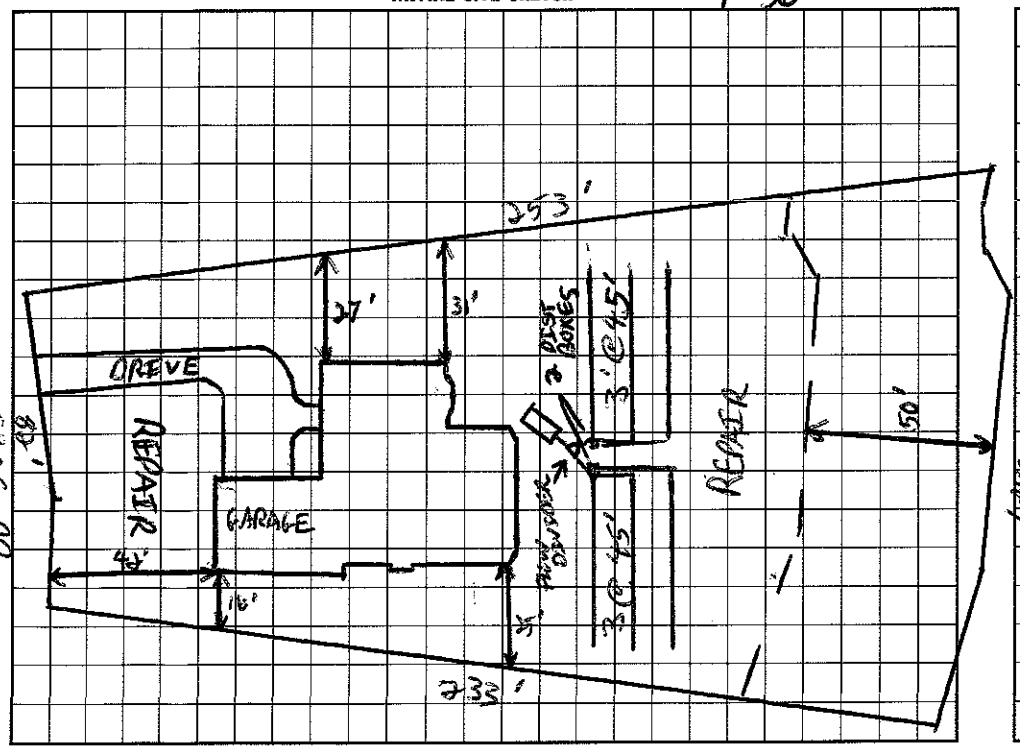
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

I understand that this 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: C. J. Nelson Jr. date 3/18/98 Installed by: Orlison

Improvement Permit by: C. Nelson RS date 3/17/98 Operation Permit by: Wesley Sparks R.S. date 2/25/99

Authorization to Construct by: C. Nelson RS date 3/17/98 Existing System Inspection by: _____ date _____

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