4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074590 PIN# ~~4636307807pt~~ 4636-31-2169 DATE 11/12/98

OWNER OR CONTRACTOR MIKE FOX PHONE: Business _____ Home _____

ADDRESS 8537 S TRYON ST. CHARLOTTE NC 28373

LOCATION BRAWLEY SCHOOL - TL ISLE OF PINES. ON LT 2 LOTS B-4 GANNETT DR.

SUBDIVISION LAKEVIEW HEIGHTS BLOCK / SECTION _____ LOT 24 LOT AREA _____ SITE CLASS. FS DESIGN FLOW ~~300~~ 480 L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 10/23/98

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: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

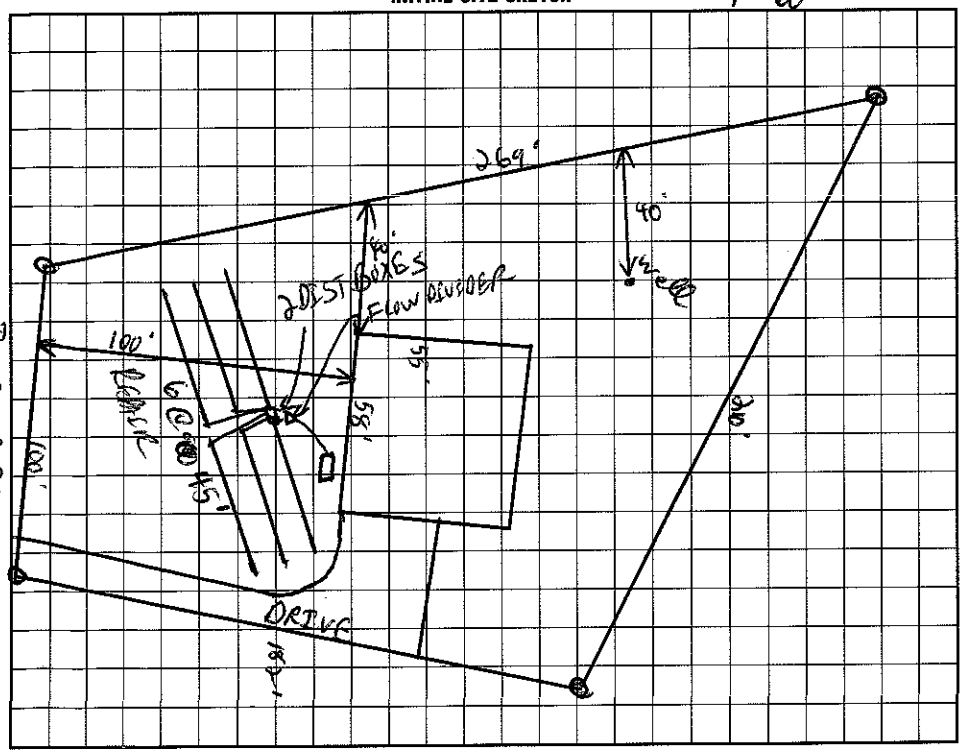
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: DRIVE CAN BE SWITCHED TO OTHER SIDE.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=60'



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: [signature] date 11-19-98 Installed by: ABED MATTY

Improvement Permit by: [signature] EHS date 11/12/98 Operation Permit by: [signature] date 1/22/99

Authorization to Construct by: [signature] EHS date 11/12/98 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