COMMODORE ANNISWG

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067512 DATE 7/8/97 TAX MAP NO. 4636 51 0079 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Gardner, Terry Leopold (Ray Gardner) PHONE: Business _____ Home 536-6153

ADDRESS 7316 Hollytown Dr. Chas. NC 28212

LOCATION Brawley Sch. TL Stutts TR Blueswing Ln., 8th lot on (L) West Driftwood

SUBDIVISION Lakeside Park BLOCK / SECTION II LOT 273 LOT AREA < 20,000 FT² SITE CLASS. PS DESIGN FLOW ~~310~~ 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3/8/96

Pump Tank: 1000 Gallons; PT 17 Date 12/17/96

Pump Make: HYDROMATIC Model SHEF50.511 Serial No 5760200

Nitrification Field: No Fields 1 Square Feet ~~450~~ Linear Feet ~~250~~

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, III, [IV], V, VI

System Description: 16" PPBS - LPP DISTRIBUTION

Repair System Description: SAME

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

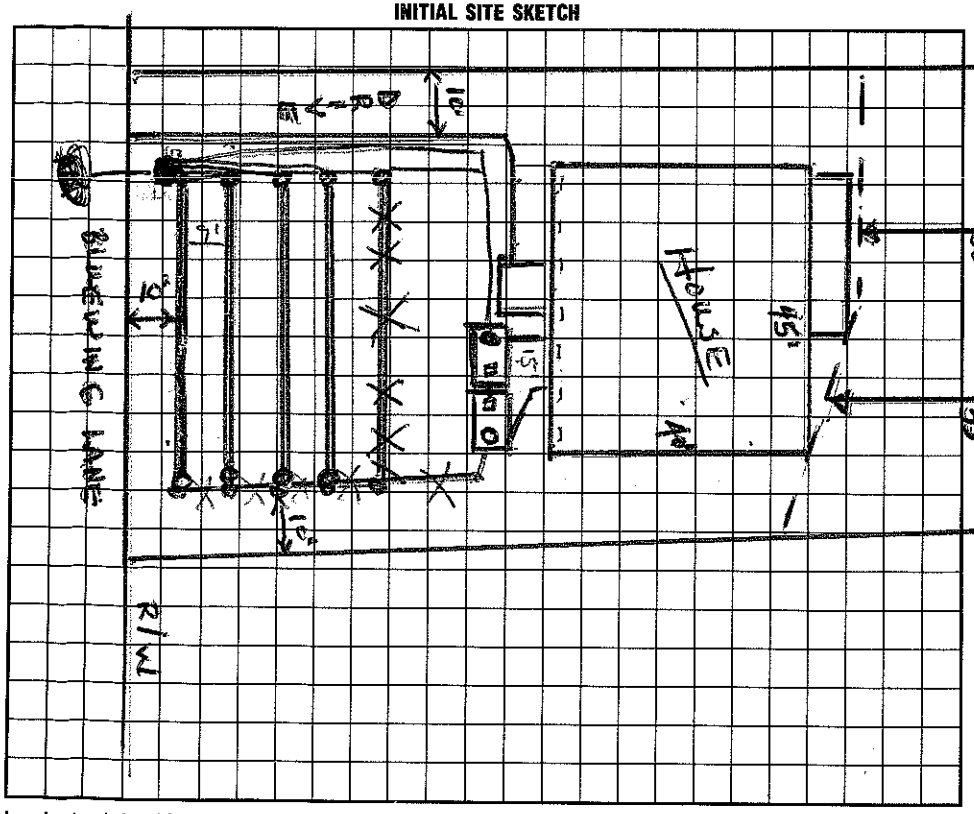
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

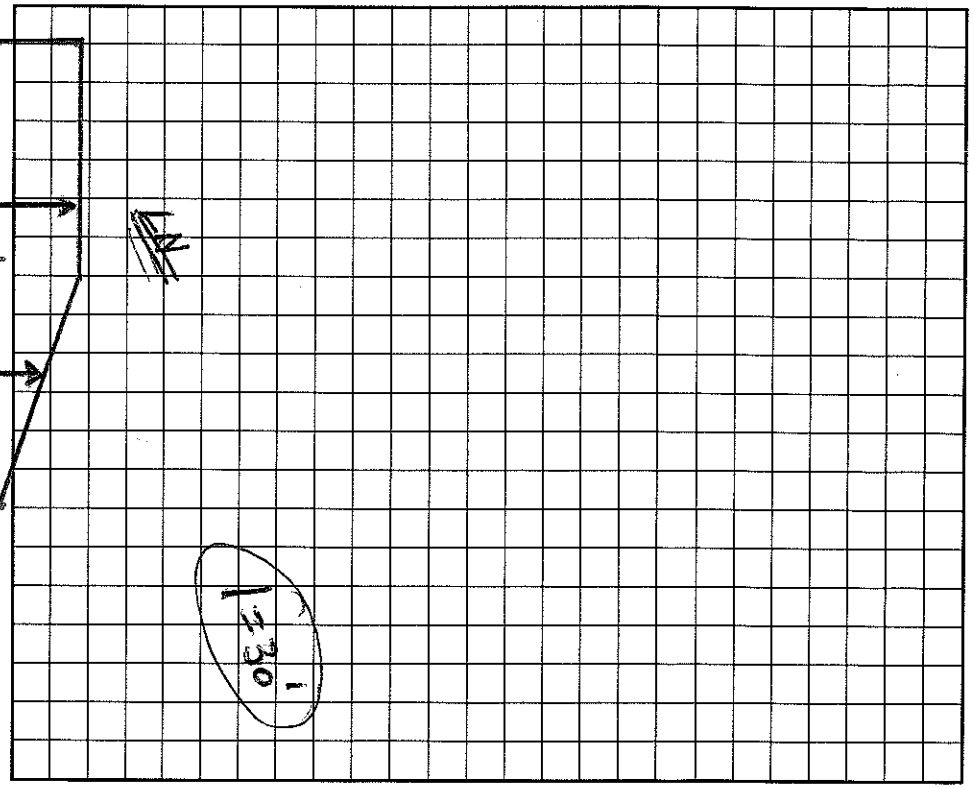
Comment: PPBS ~~Pressure~~ - 200' (4@50'X3')
Cert Operation List:

Comments: 7/7 -

INITIAL SITE SKETCH



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 is valid for 60 months from date of issuance.

Signed: Charles Gardner

Improvement Permit by: Wesley Sparks RS date 7/8/97

Authorization to Construct / Existing System Inspection by: Wesley Sparks RS date 7/8/97

Installed by: A-1 Backhoe

Certificate of Completion by: Wesley Sparks RS. date 7/12/00

Operation Permit by: _____ date _____

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