11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07 2554 PIN# 4636630758 DATE 4/21/98

OWNER OR CONTRACTOR JAMIE SCHAFER PHONE: Business _____ Home 596-9477

ADDRESS 224 NORTH WEST DR. DAVIDSON NC 28036

LOCATION BRAWLEY SCHOOL - TL STATS - TL BRIDLE PATH - ON LT

SUBDIVISION BRIDLE PATH POINT BLOCK / SECTION _____ LOT 1 LOT AREA .54 AC SITE CLASS. RS DESIGN FLOW 360 GPD L.T.A.R. .35 GAL/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11/19/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 780 Linear Feet 260
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: 50 PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____

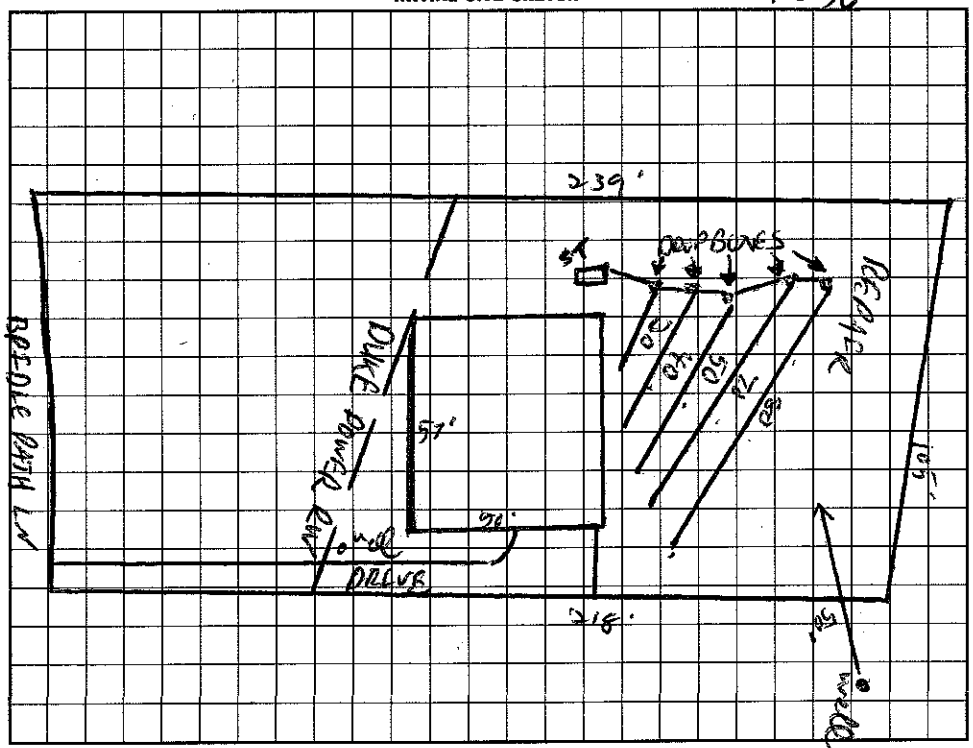
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: 3 BASEMENT

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: _____ date _____

Improvement Permit by: C. Kay Teem RS date 4/21/98

Authorization to Construct by: C. Kay Teem RS date 4/21/98

Installed by: PJ EVANS

Operation Permit by: Jeff Morgan date 6/2/99

Existing System Inspection by: _____ date _____

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