IREDELL COUNTY HEALTH DEPARTMENT

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

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

50.00 Fee Paid 2430

PERMIT# 120846 PIN# 4636-71-3351 DATE 8/25/04

OWNER OR CONTRACTOR Trent Brown PHONE: Business _____ Home 704-965-4985

ADDRESS 13820 Hill St. Huntersville NC 28078

LOCATION BSR, TL Stutts, TL Peninsula Dr, thru cul-de-sac at end on Lt

SUBDIVISION Norman Shores BLOCK / SECTION _____ LOT 12 LOT AREA 0.51 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 9/11/04
Pump Tank: 1000 Gallons; PT 17 Date 5/15/04
Pump Make: Goulds Model WE05111H Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP Panel Block
Repair System Description: None - Deeded Property
Maintenance Agreement Required: ☒ Yes ☐ No 1983

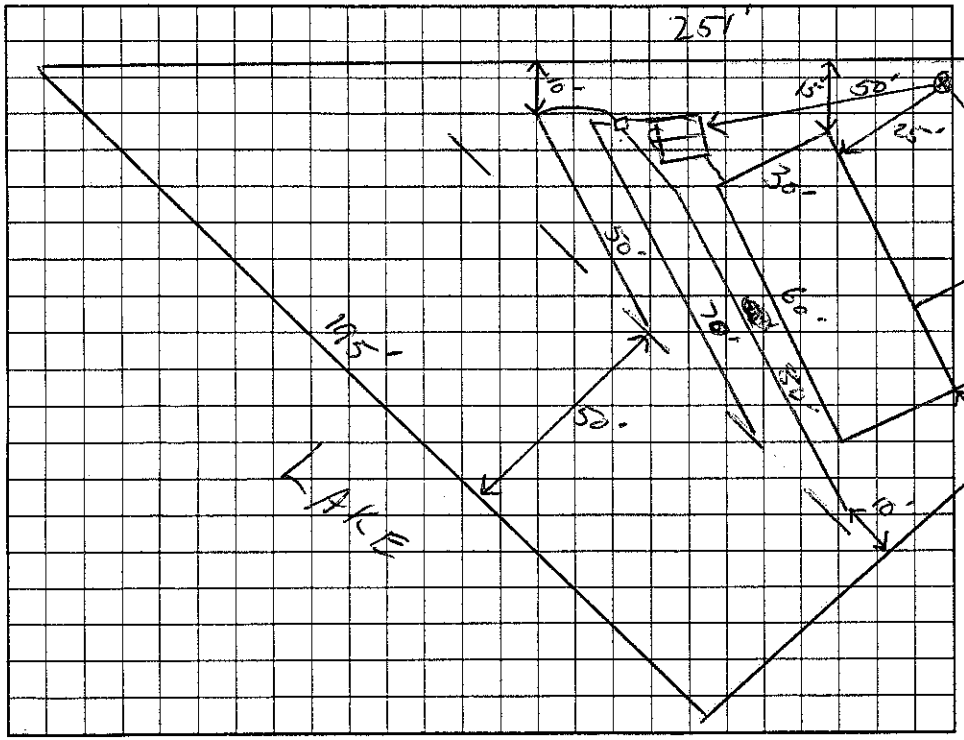
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

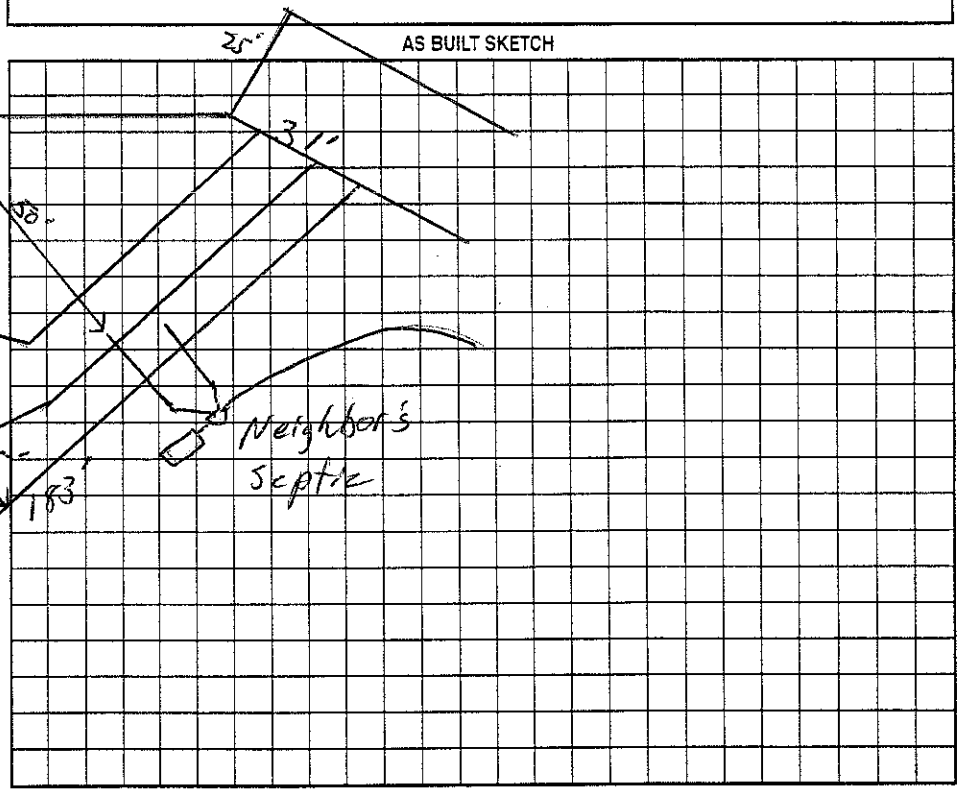
Comments:/Conditions: 1" = 40'

Comments:/Conditions: 45 Panels 3/16" holes

INITIAL SITE SKETCH



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: Trent Brown date 8/26/04

Improvement Permit by: [signature] RS date 8/25/04

Authorization to Construct by: [signature] RS date 8/25/04

Installed by: C & S Grading

Operation Permit by: [signature] RS date 4/19/05

Existing System Inspection by: _____ date _____

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