IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076207 PIN# 4636 751055 DATE 9/29/98

OWNER OR CONTRACTOR WILLIAM JUSTICE PHONE: Business _____ Home 394-0456

ADDRESS 119 SHADOW LN CHARLOTTE 28214

LOCATION BRAWLEY SCHOOL TL CANVASBACK TR OLD SQUAW - TL BELLY JOE - TR PINTAIL - ON LT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .56Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3gal/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12/7/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' 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 CHAMBERS ORANGE

Repair System Description: & PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

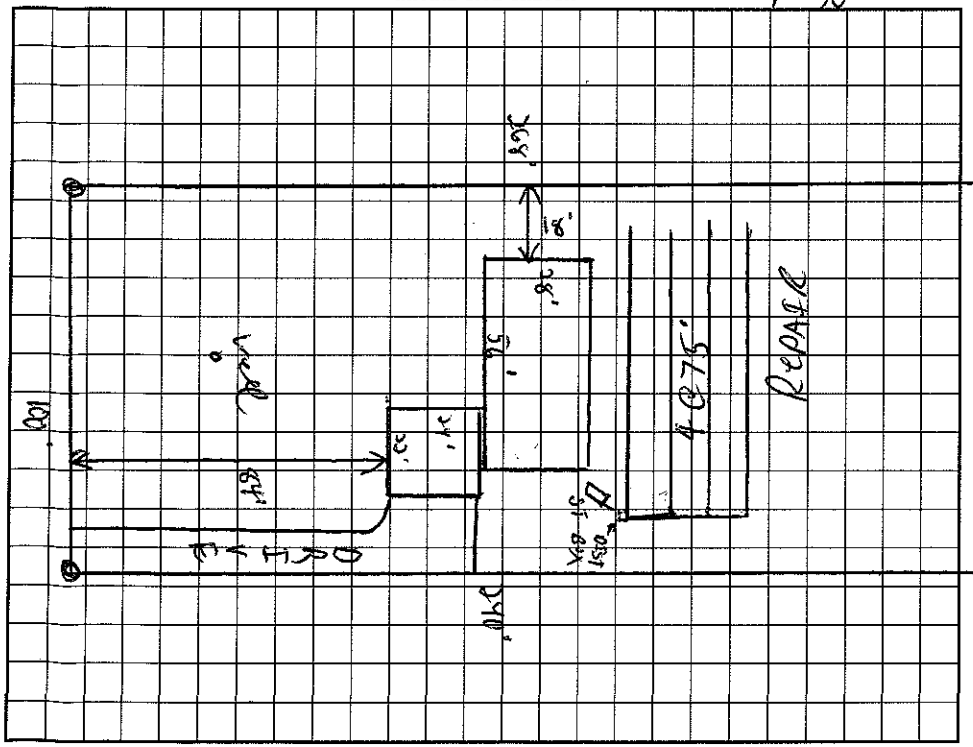
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

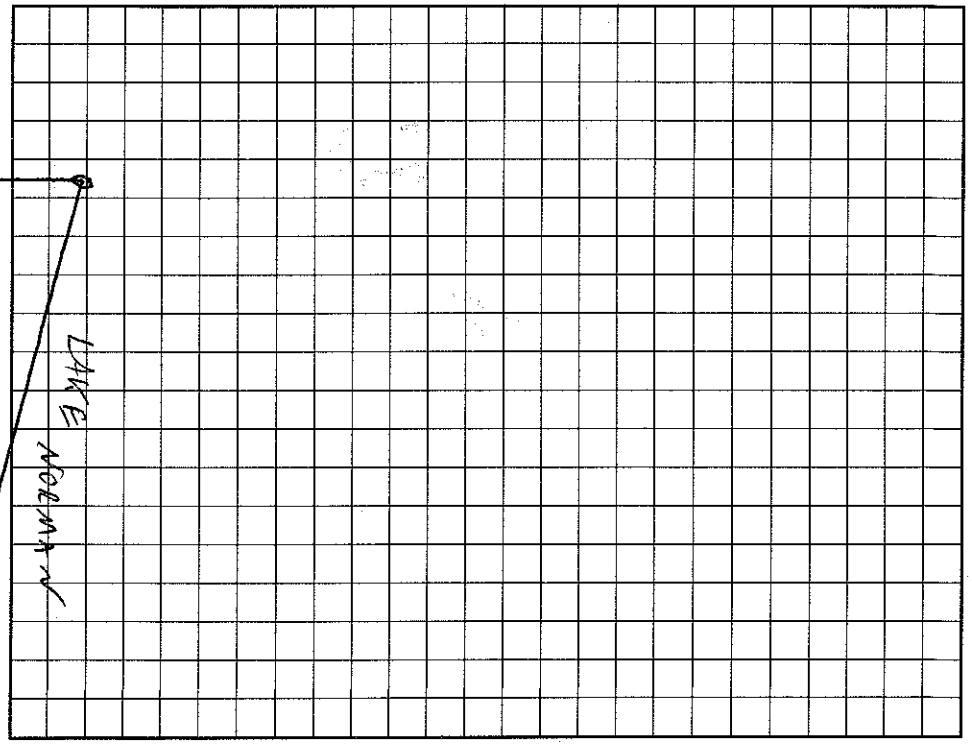
Comments:/Conditions:

434-9487

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: Frances W Justice date _____

Improvement Permit by: C. [illegible] RS date 9/29/98

Authorization to Construct by: C. [illegible] RS date 9/29/98

Installed by: E. ELDER

Operation Permit by: C. [illegible] RS date 2/8/99

Existing System Inspection by: _____ date _____

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