700.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128475 PIN# 4636 82 7297 DATE 11/8/05

OWNER OR APPLICANT OLIVARIO THOMPSON PHONE: Business 704 634 6833 Home 704-622-1077

ADDRESS 3300 CENTRAL AVE APT 4B CHARLOTTE, NC 28205

LOCATION BRAWLEY SCHOOL RD (L) CANVASBACK (R) CHATWORTH (R) LOT IN CUL-DE-SAC 118 CHATWORTH

SUBDIVISION WOODLAND HILLS BLOCK / SECTION ____ LOT 24 LOT AREA .43 ACRES SITE CLASS. PS DESIGN FLOW 720 GPD L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 968 Date 12/13/05
Pump Tank: 1500 Gallons: PT 247 Date 11/2/05
Pump Make: LITTLE GIANT Model 9EH-CIA-R6S Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ 2400 Linear Feet 400
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PBAS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 6 No. Persons 5 No. Employees ____

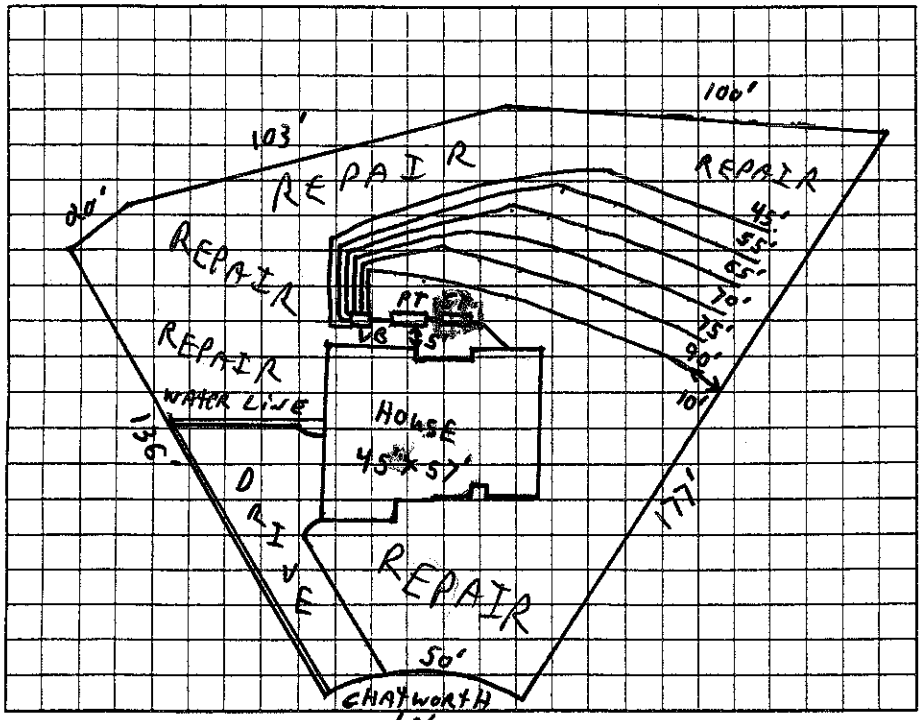
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

SCALE: 1" = 50'

INITIAL SITE SKETCH



Comments/Conditions: STUB MARKER AND 2ABCL FILTER. INSTALLED AS DRAWN. Column set on Pump Tank (2ND FROM L)

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: Olivario Thompson date 11/10/05

Improvement Permit by: [signature] date 11/8/05

Authorization to Construct by: DR Hmoon, RS date 11-9-05

Installed by: Demming date ____

Operation Permit by: [signature] date 7/10/06

Existing System Inspection by: ____ date ____

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