IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092583 PIN# ~~4636368952 68~~ 4636-89-5288 DATE 9-17-2001

OWNER OR CONTRACTOR Greg Smith PHONE: Business 892-0909 Home

ADDRESS P.O. Box 9108 Davidson NC 28036

LOCATION Brawley School Rd Pl Canvasback On left

SUBDIVISION Regency Lk BLOCK / SECTION LOT 16 LOT AREA .41 Acre SITE CLASS. PS DESIGN FLOW 360 gpd T.A.R. .3

Septic Tank: 1080 Gallons; STB 794 Date 12-31-2001 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI (9)

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 600' Linear Feet 200'

No Lines 4@50' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

System Description: Gravity - Panel Block

Repair System Description: Deeded prior to 1983

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees

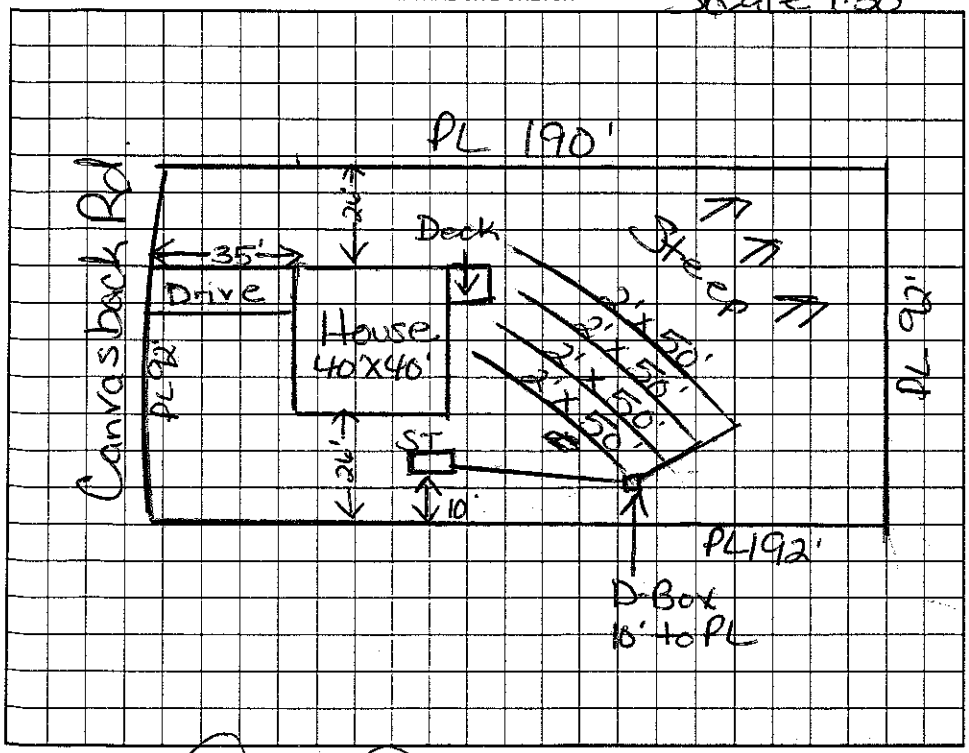
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Keep Septic System at least 10' From PL & 5' From House.

Comments/Conditions: Tanks checked 2/15/2002 MD
Lines checked 2/19/2002 MD

INITIAL SITE SKETCH Scale 1:50'



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: X [signature] date 11/20/2001 Installed by: ~~[illegible]~~ B & H Inc

Improvement Permit by: ~~[illegible]~~ Maria H. Dotson RS date 9/17/2001 Operation Permit by: Maria H. Dotson RS date 2/19/2002

Authorization to Construct by: Maria H. Dotson RS date 9/17/2001 Existing System Inspection by: date

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