IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092584 PIN# 4636895347

OWNER OR CONTRACTOR GD Smith Development PHONE: Business 892-0909 Home

ADDRESS P.O. Box 908 Davidson, NC 28031

LOCATION Brawley School Rd TL Canvasback on left DATE 12-14-2000

SUBDIVISION Regency Lake BLOCK / SECTION LOT 17 LOT AREA SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 630' Linear Feet 210'

No Lines 3 at 70' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V

System Description: Pump-UP-Panel Blk

Repair System Description:

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees

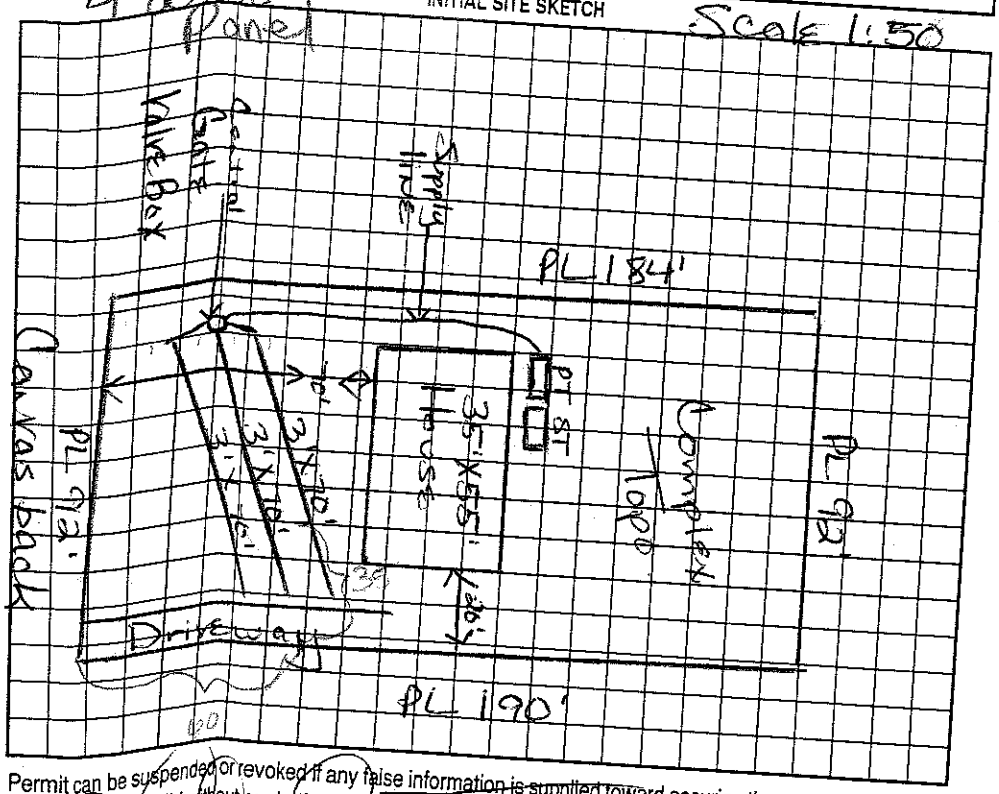
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

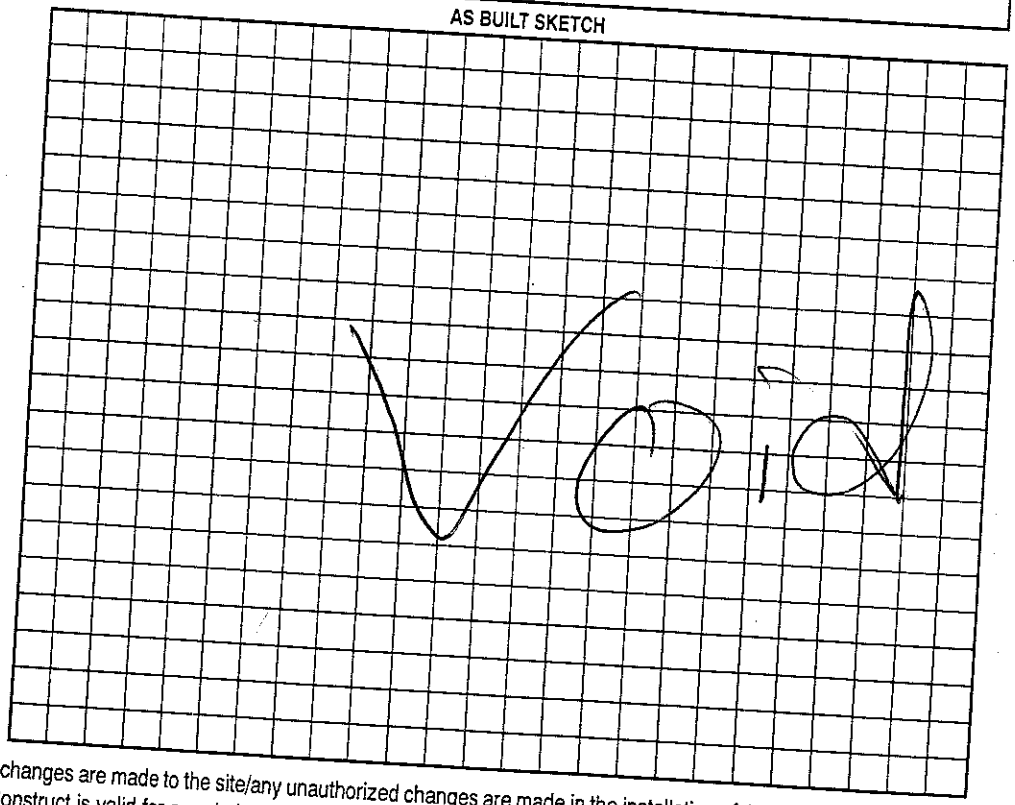
Comments:/Conditions: Keep Septic System at least 10' from PL & 5' from house.

Comments:/Conditions:

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:

Improvement Permit by: Marian H. Robertson, R.S. date 9/13/2001 Installed by:

Authorization to Construct by: date 12/14/2000 Operation Permit by: date

Existing System Inspection by: date

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