IREDELL COUNTY HEALTH DEPARTMENT

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

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

Pg. 9

125.00

PERMIT# 093321 PIN# 4636990076 4636899053 DATE 1/24/02

OWNER OR CONTRACTOR G-O SMITH DEVELOPMENT PHONE: Business 8920909 Home

ADDRESS PO BOX 908 DAVIDSON - NC 28031 126 Regency Rd Keith 902-9165

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL REGENCY - ON RT AT HIGHTOWER 103 Hightower Ct.

SUBDIVISION REGENCY LAKE BLOCK / SECTION F LOT 21/22 LOT AREA 1.23 Ac SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36PD/FT2

Septic Tank: 1000 Gallons; STB 312 Date 10-22-02

Pump Tank: 1000 Gallons; PT 327 Date 10-22-02

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

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

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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

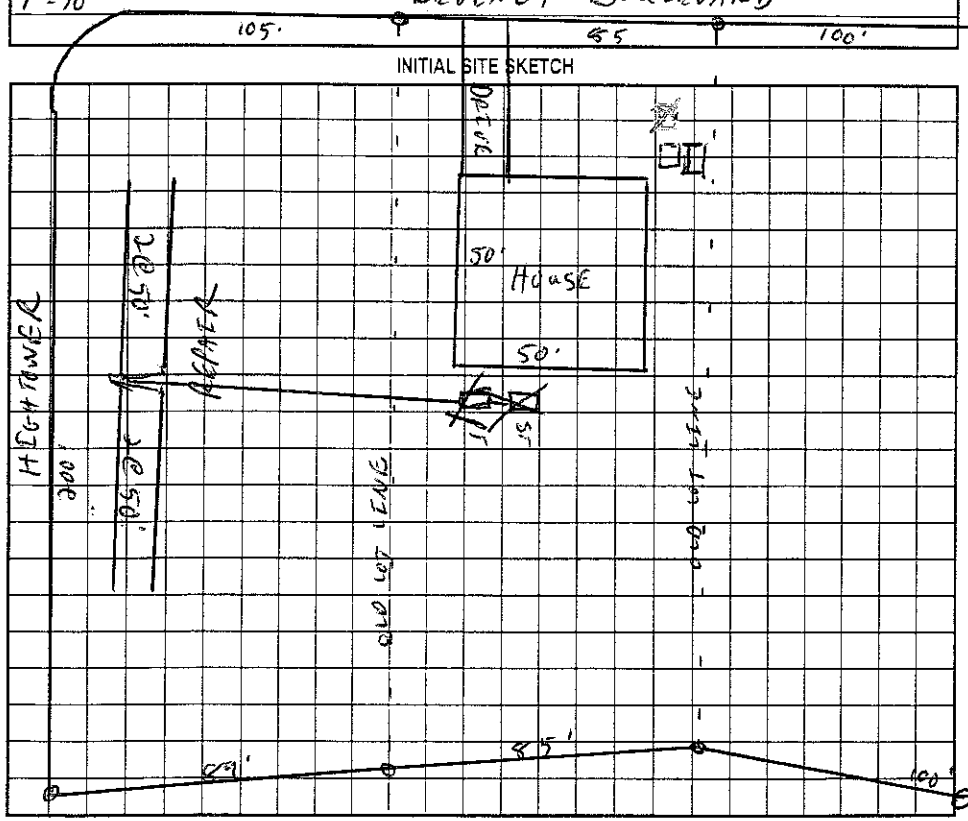
Comments:/Conditions: 1) LOT 20, 21, & 22 COMBINED

Comments:/Conditions: Tanks & lines Checked 12/2/02

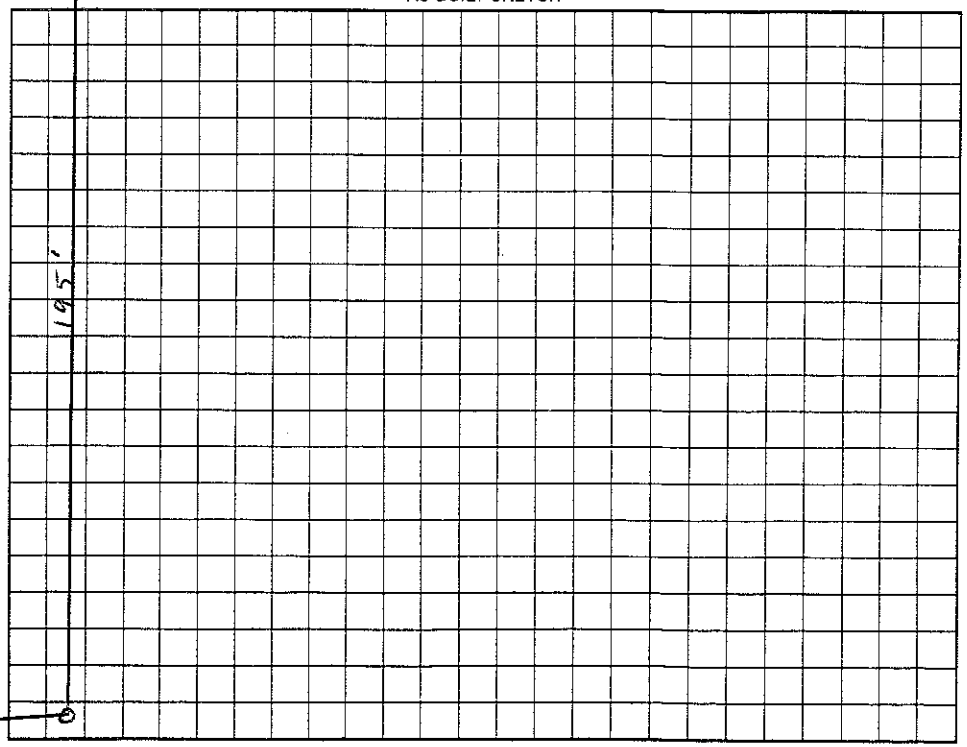
Pressure, elect & alarm checked 2/26/03

1"=50'

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: _____ date 1/29/02 Installed by: R&H

Improvement Permit by: C. Ray RS date 1/24/02 Operation Permit by: Maria H Dixon R.S. date 3/6/03

Authorization to Construct by: C. Ray RS date 6/12/02 Existing System Inspection by: _____ date _____

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