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# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106143 PIN# 4636-96-5990 DATE 6/11/02

OWNER OR CONTRACTOR Toglund-Brown Const. PHONE: Business 704-895-9652 Home

ADDRESS 7502 Windaliere Dr. Cornelius NC 28031

LOCATION Brawley Sch, TL Canvasback, TL Turnberry, 6th on Rt

SUBDIVISION St. Andrews Village BLOCK / SECTION — LOT 28 LOT AREA 0.56 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 5/24/02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Grav./Pump 25% Red.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____

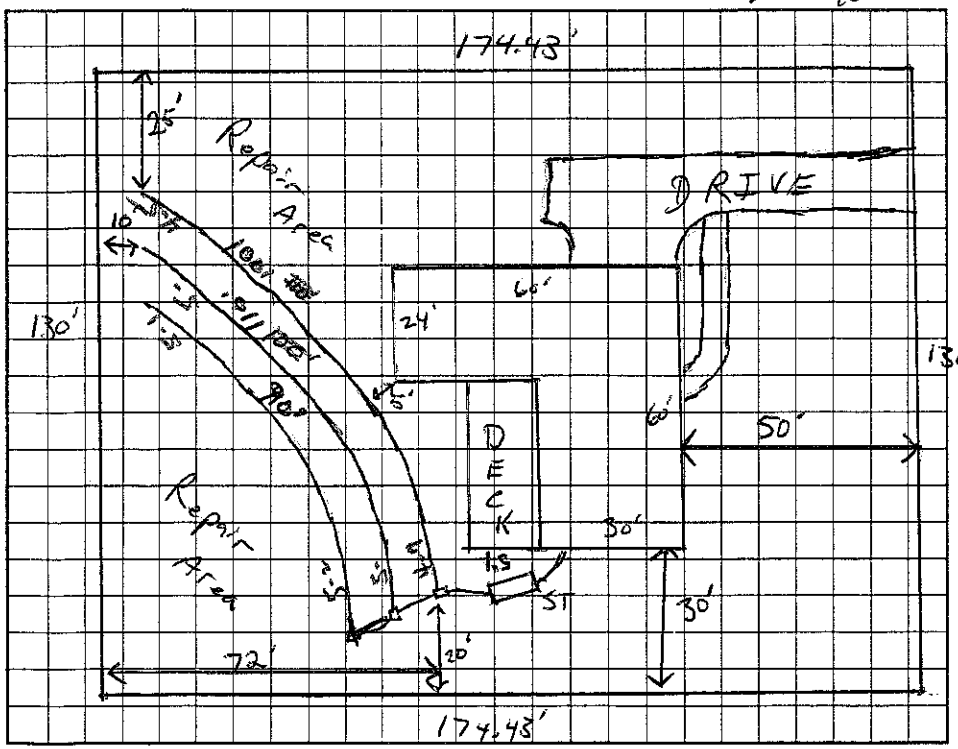
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

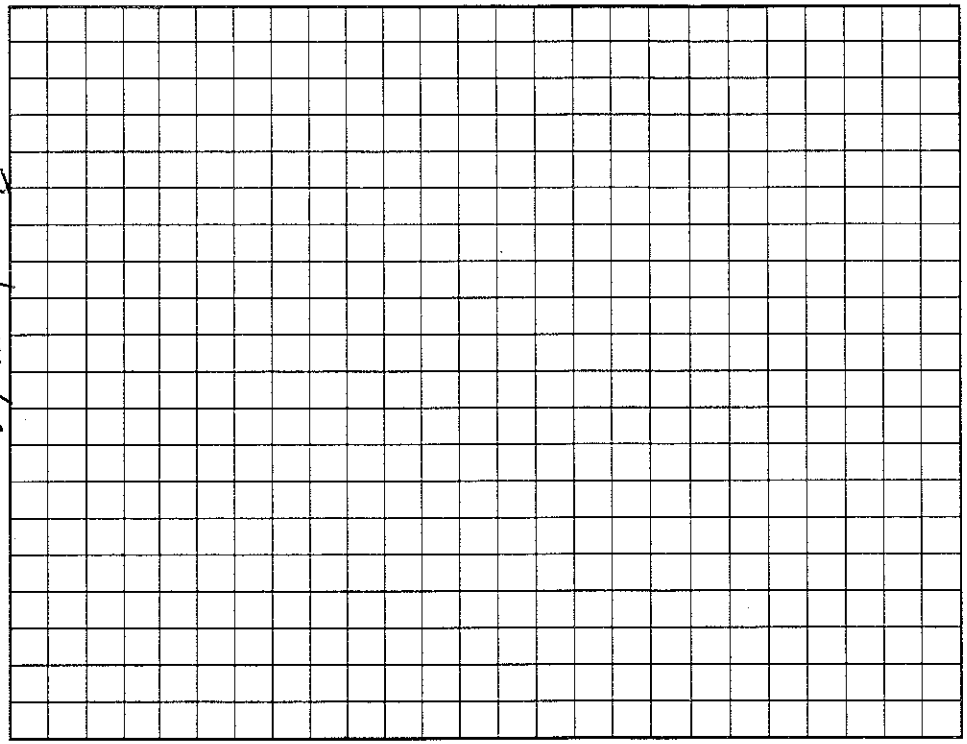
Comments/Conditions: Install lines on Contour

Comments/Conditions:

INITIAL SITE SKETCH 1"=40'




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 6/12/02 Installed by: ____

Improvement Permit by: ____ RS date 6/11/02 Operation Permit by: Wesley Sparks RS. date 7/23/02

Authorization to Construct by: ____ RS date 6/11/02 Existing System Inspection by: ____ date ____

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