IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10631 PIN# 4636983556 DATE 7/18/2002

OWNER OR CONTRACTOR Joe Maxminn PHONE: Business _____ Home (704) 363-3959

ADDRESS _____

LOCATION Brawley School Rd TL Canvasback TL Regency TR High Tower Ct at end #135

SUBDIVISION Regency Lk BLOCK / SECTION F LOT 12 LOT AREA .52Acre SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ___

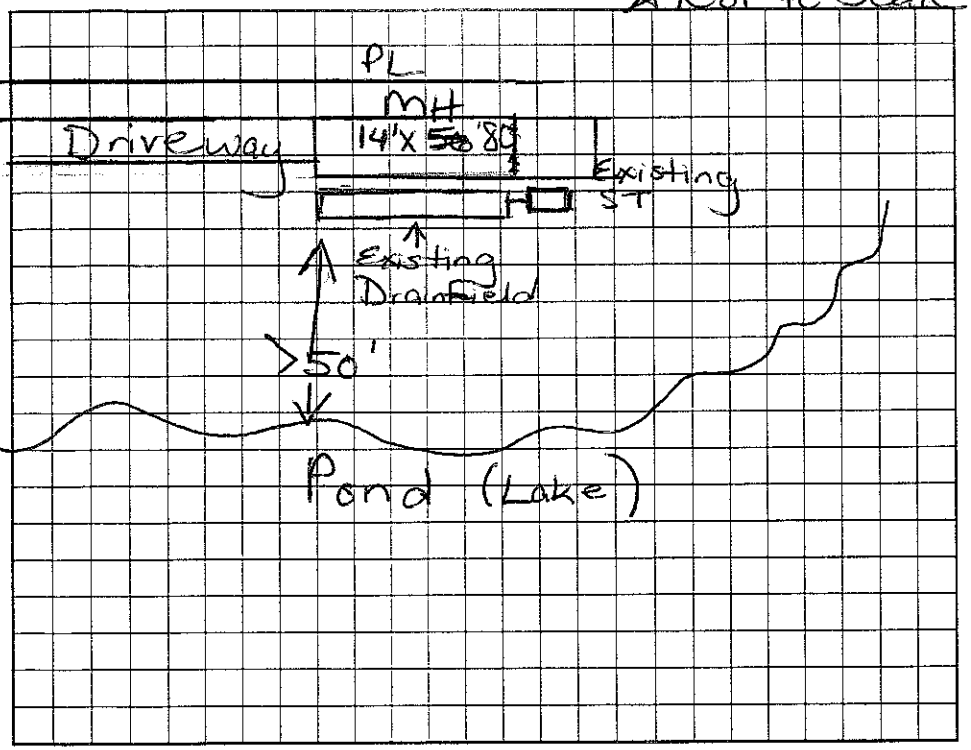
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Must keep building foundation (footers or piers) at least 5' from existing Septic System.

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

INITIAL SITE SKETCH ★ Not to Scale



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 _____ Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 7/23/2002 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson RS date 7/23/02

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