IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) MOORESVILLE 704-664-5281

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

PERMIT# 093241 PIN# 4636 995232 DATE 4/8/02

OWNER OR CONTRACTOR GD SMITH / WILLIAM POINDEXTER PHONE: Business 892-0409/236-9966 Home

ADDRESS 20904 SAN MATEO PLACE CORNELIUS NC 28031

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL REGENCY - ON LT

SUBDIVISION REGENCY LAKE VILLAGE BLOCK / SECTION E LOT 45 LOT AREA SITE CLASS. CS DESIGN FLOW 360 GPD L.T.A.R. .3610/Ft²

Septic Tank: 1000 Gallons; STB 160 Date 5-26-01

Pump Tank: 1000 Gallons; PT 363 Date 3-22-02

Pump Make: Barnes Model EHR412A Serial No. 103542

Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 250

No Lines 5@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

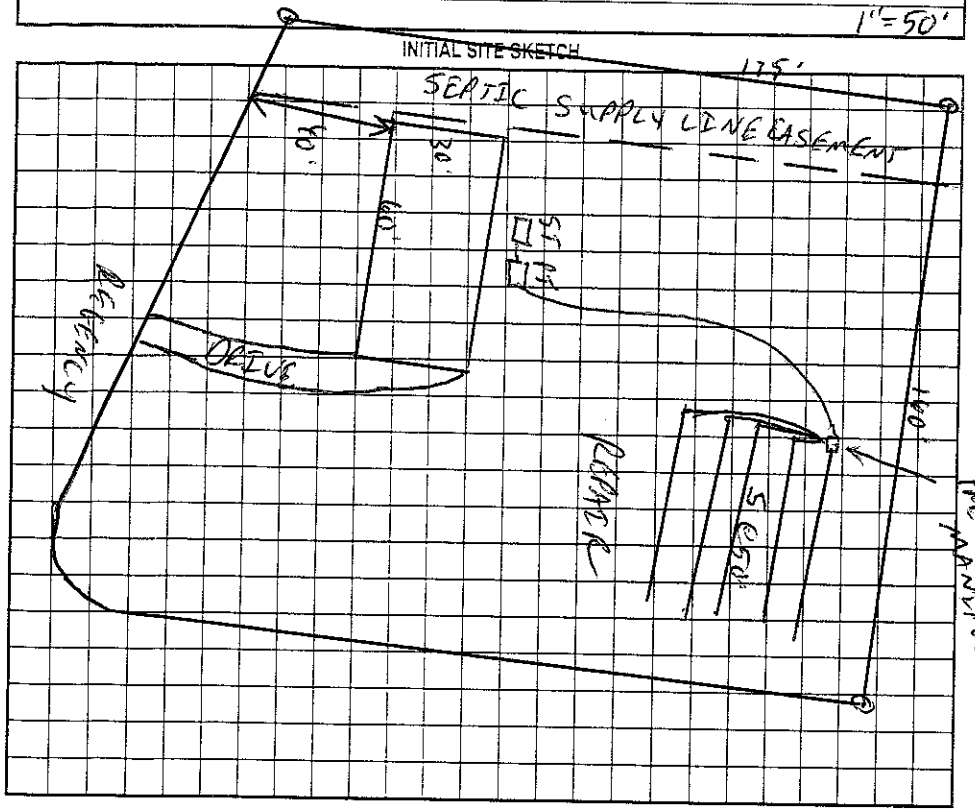
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: Tanks & lines Checked 5/9/2002 Pressure Checked 5/10/2002

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Panel lines as Drawn

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: Marian M Morlan date 4/9/02 Installed by: D.S. Myers

Improvement Permit by: C. Yoder RS date 4/8/02 Operation Permit by: C. Yoder RS date 6/26/02

Authorization to Construct by: C. Yoder RS date 4/8/02 Existing System Inspection by: date

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