IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 24545 PIN# 2L-A-13 pt 4637 01 0118 DATE 1/15/99

OWNER OR CONTRACTOR [redacted] SHAVENDER'S DEV. PHONE: Business ______ Home ______

ADDRESS PO BOX 37174 CHARLOTTE NC

LOCATION BRAWLEY SCHOOL - TR BLUME RD - TL BEATEN PATH - 6th LOT ON LEFT B-4 FOREST COVE LN

SUBDIVISION SHAVENDER'S BLUFF BLOCK / SECTION 1 LOT 15 LOT AREA .6991AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3000/FFL

Septic Tank: 1000 Gallons; STB 825 Date 8/11/99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERS

Repair System Description: Same PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ______

☐ Other ______

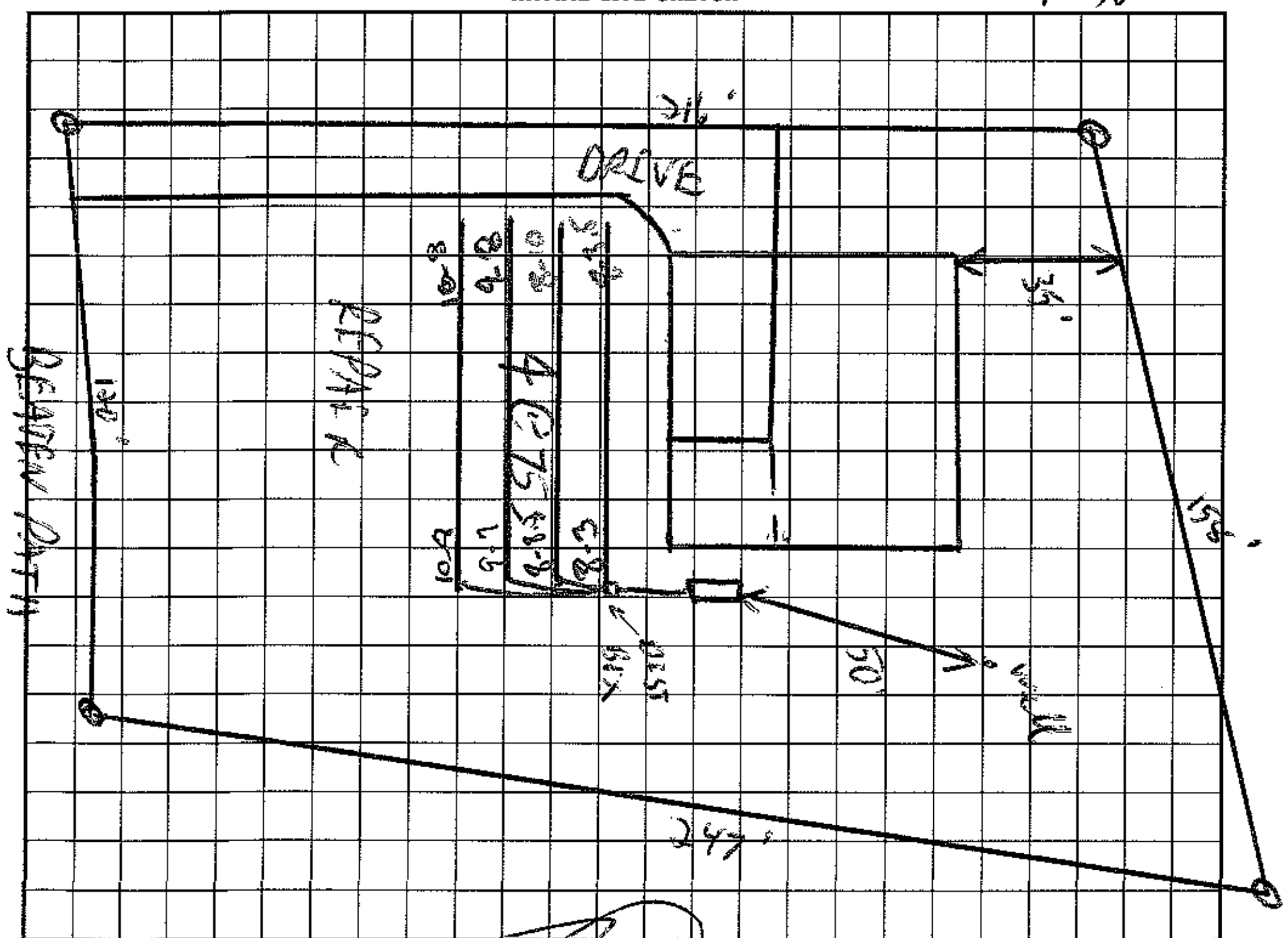
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

I understand that this 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: Jamie K[signature] date 3/10/99

Improvement Permit by: C. [signature] RS date 1/15/99

Authorization to Construct by: C. [signature] RS date 1/15/99

Installed by: Wayne Clontz

Operation Permit by: Wesley Sparks RS. date 10/6/99

Existing System Inspection by: ______ date ______

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