4637010997 (300)

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24544 DATE 8-24-96 TAX MAP NO. 2L-A-13 (PART OF) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR HOME VENTURE PHONE: Business _____ Home 376-7600

ADDRESS P.O. BOX 37174 CHARLOTTE NC

LOCATION BRAWLEY SCHOOL ROAD, TR BLUME ROAD, TL BEATEN PATH ROAD, LOT ON RIGHT AT ~~FOREST~~ COVE LANE

SUBDIVISION SHAVENDER'S BLUFF BLOCK / SECTION I-C LOT 5 LOT AREA 0.6764 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 9/18/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 240

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" ~~Sand~~ Depth 6"

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

System Description: PPBPS GRAVITY

Repair System Description: PPBPS PUMP-FED

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

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

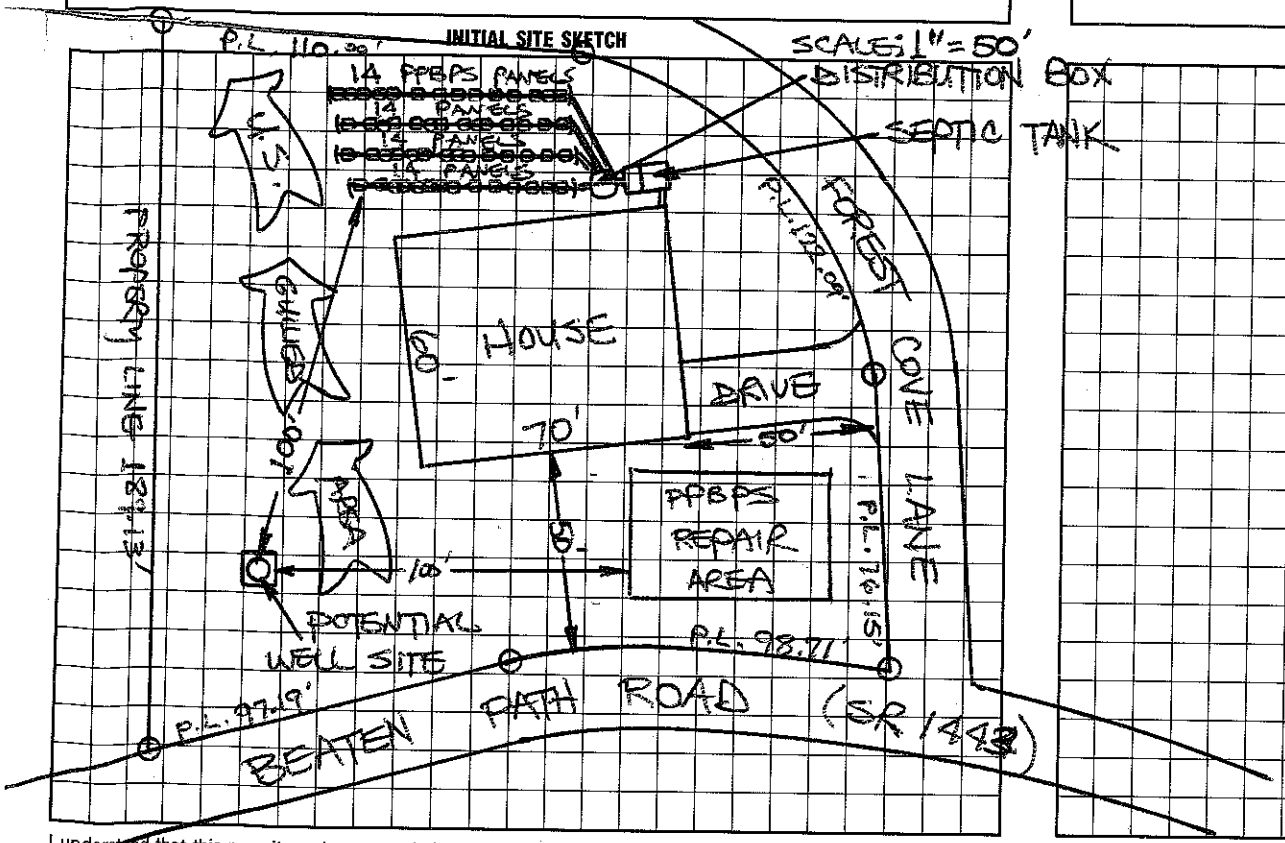
Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: ① INSTALL 56 PPBPS PANELS IN FOUR EQUAL LENGTH LINES AS SHOWN ② KEEP WELL MINIMUM 100' FROM SYSTEM

Comments:

INITIAL SITE SKETCH

SCALE: 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.

AUTH. TO CONST. IS VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE I.P. NOT TO EXCEED FIVE YEARS. I.P. W/SITE PLAN IS VALID FOR FIVE YEARS.

Signed By Jay E Lawrence, Home Venture Corp.

Installed by: LAVON BENTON

Improvement Permit by: STEVE HERRICK date 8-24-96

AUTHORIZATION TO CONSTRUCT

Existing System Inspection by: STEVE HERRICK date 8-24-96

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 11/6/97

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