IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

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

PERMIT# 066844-847 PIN# 4638 771716 pt 4638 76 3938 DATE 4/15/98

OWNER OR CONTRACTOR GEM CUSTOM HOMES PHONE: Business _____ Home _____

ADDRESS 4516 NEW GARDEN CT. CHARLOTTE

LOCATION PERTH RD N- TL WOODSTORK AT END

SUBDIVISION HARBORVIEW BLOCK / SECTION 5 LOT 22,23,24,27 LOT AREA 3.19AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .25 GPD/FT2

Septic Tank: 1000 Gallons; STB 794 Date 7/14/98
Pump Tank: 400 Gallons; PT 27 Date 5/start/98
Pump Make: Goulds Model WE1105 WN Serial No. C9829084
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines ~~Series~~ Gone Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

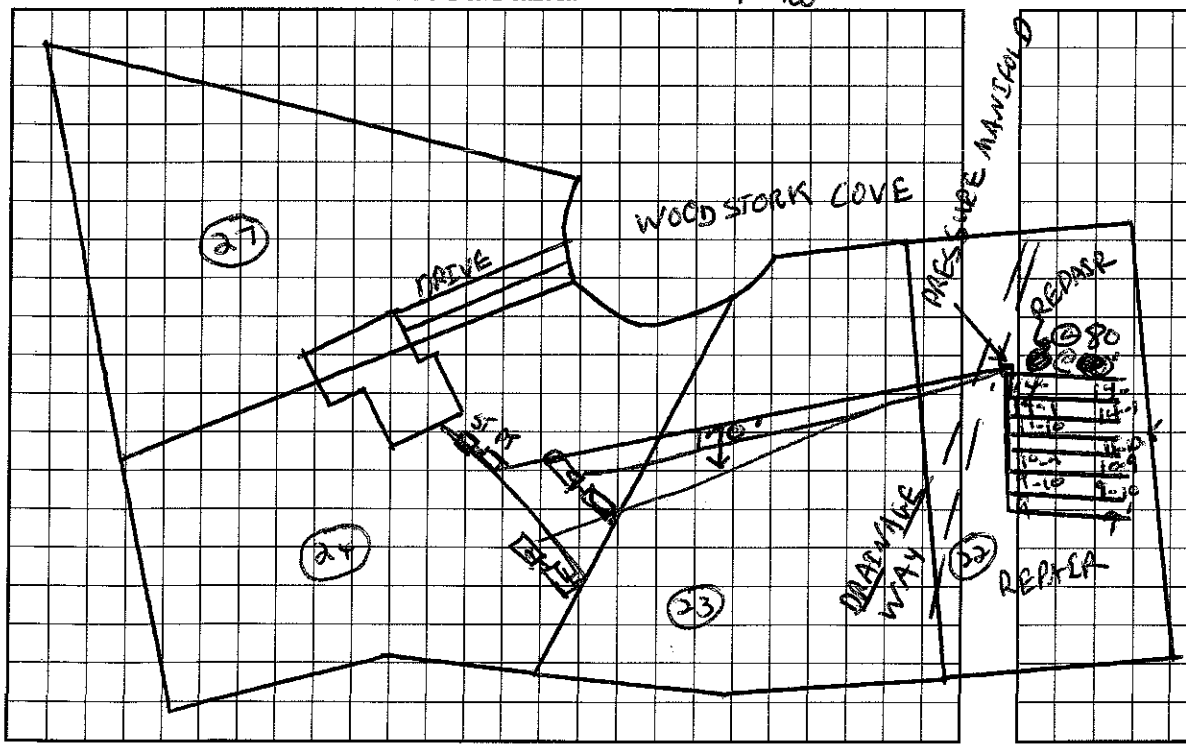
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments/Conditions:

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9" Drawdown = 181GAL/DOSE

INITIAL SITE SKETCH 1"=100'



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: Carla McCoy date 5/6/98 Installed by: FOLGUSON

Improvement Permit by: [signature] RS date 4/15/98 Operation Permit by: [signature] date 8/24/98

Authorization to Construct by: [signature] RS date 4/15/98 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