IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# ~~2535T~~ 07392 PIN# 2S-A-51 pt of 4638-77-9834 DATE 8-21-2002

OWNER OR CONTRACTOR L. Shaun Ogden PHONE: Business 309-6810 Home

ADDRESS P.O. Box 1281 Davidson, NC 28036

LOCATION Perth Rd TL Seatrail lot on left - corner of Perth & Seatrail 105

SUBDIVISION ~~Harbor View~~ BLOCK / SECTION 6 LOT 1 LOT AREA .62 SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-19-01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity-25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms No. Bathrooms No. Employees

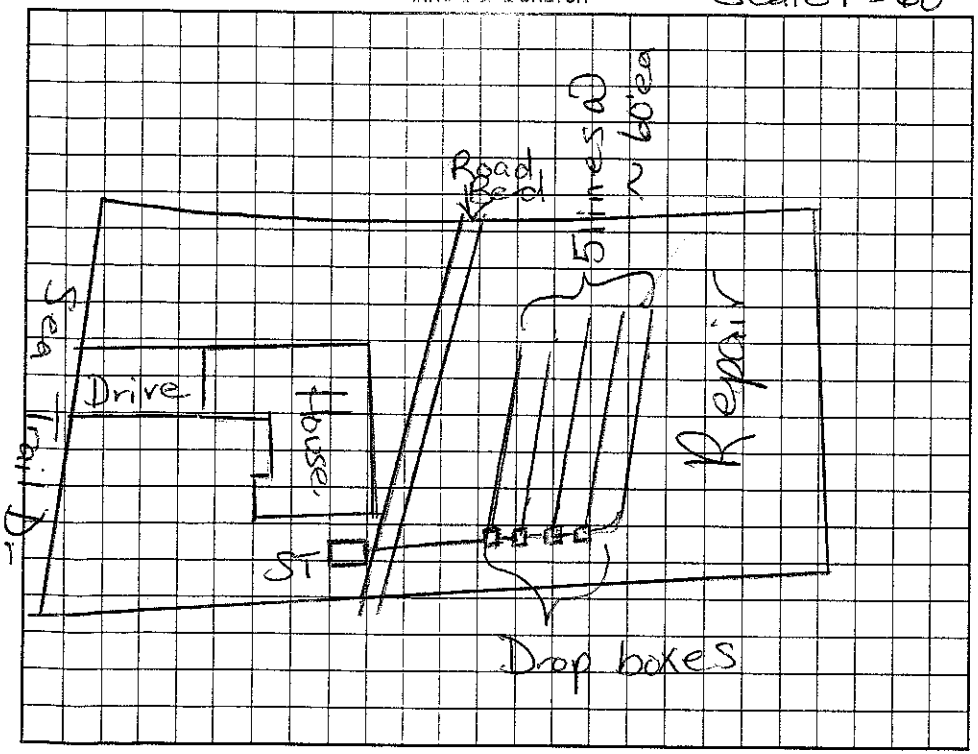
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

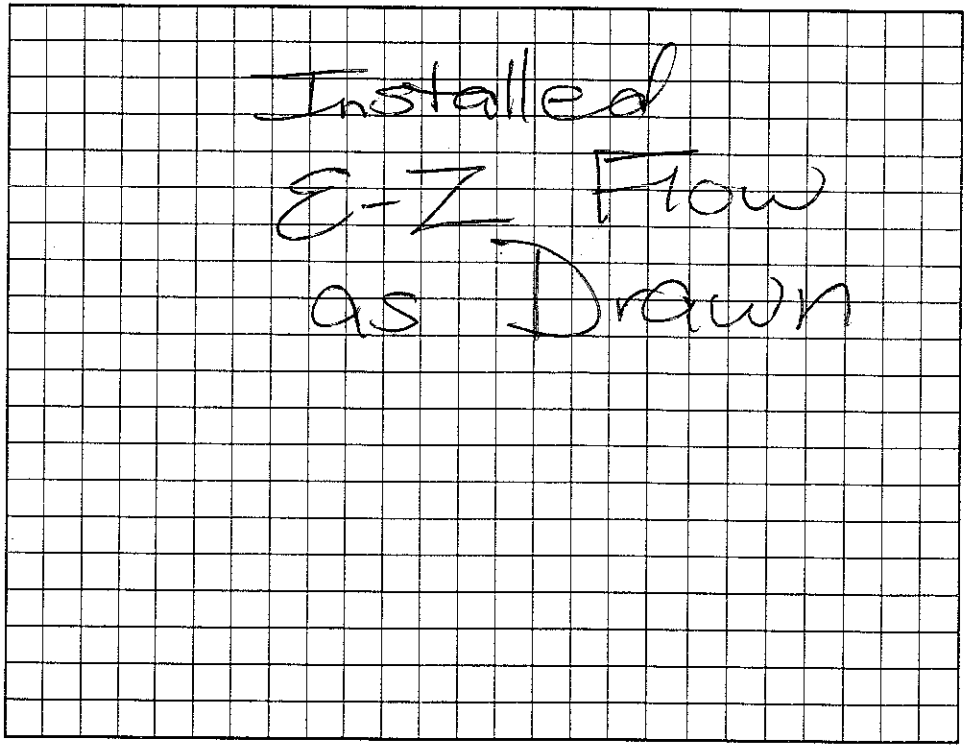
Comments/Conditions: Keep Septic System at least 10' From PL.

Comments/Conditions: Filter installed No tank marker.

INITIAL SITE SKETCH Scale 1" = 60'



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: L. Shaun Ogden date 8-21-02 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Wilson RS date 8/21/2002 Operation Permit by: Maria H. Wilson RS date 8/22/2002

Authorization to Construct by: Maria H. Wilson RS date 8/21/2002 Existing System Inspection by: date

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