IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 066477 PIN# 4644481479 Pt Builder (Chuck) DATE 2/19/2001

OWNER OR CONTRACTOR Scott & Michelle Guice PHONE: Business 309-2707 Home 948-7163

ADDRESS 1263 1 From Field Dr. Huntersville NC

LOCATION Lancaster TL Mecklenburg Rd TR West Paces Rd TR Jade Spring Ct

SUBDIVISION WestView BLOCK / SECTION ____ LOT 3 LOT AREA .83 Acre SITE CLASS. ____ DESIGN FLOW 480gpd L.T.A.R. ____

Septic Tank: 1000 Gallons; STB 794 Date 10-2-00

Pump Tank: 1000 Gallons; PT 293 Date 1-12-01

Pump Make: MYERS Model ME-50-11 Serial No. 2LC3309C1

Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 280'

No Lines ~~4 of 70 feet~~ Trench Width 24"-36" Max Trench Bottom Depth 30"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[ ] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3½ No. Employees ____

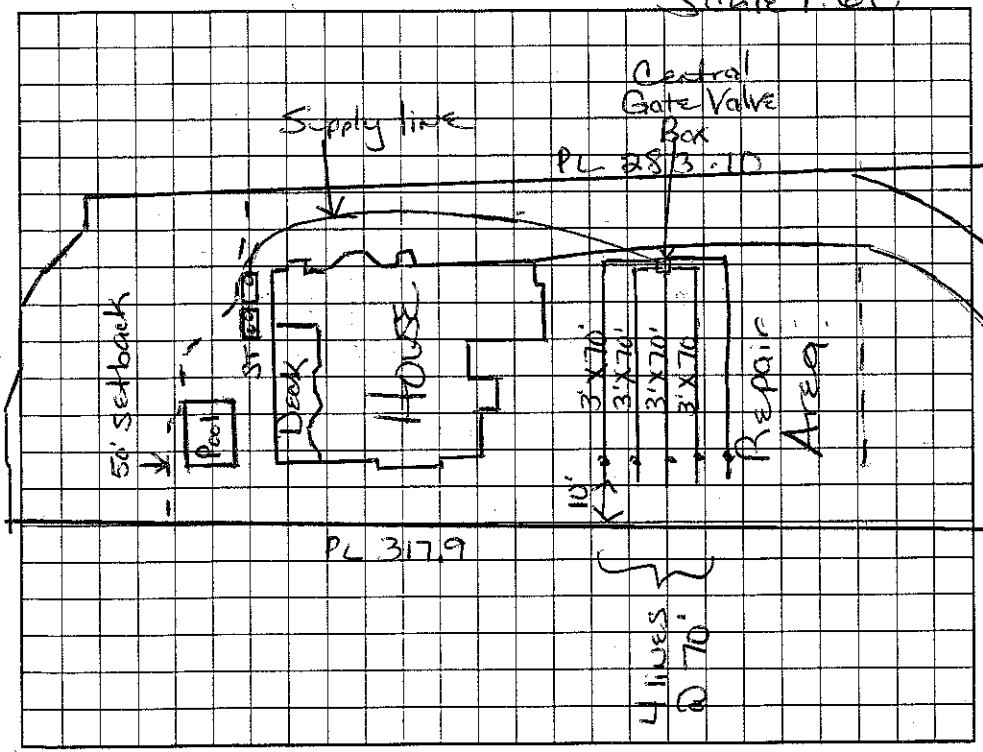
Gravel Depth N/A [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

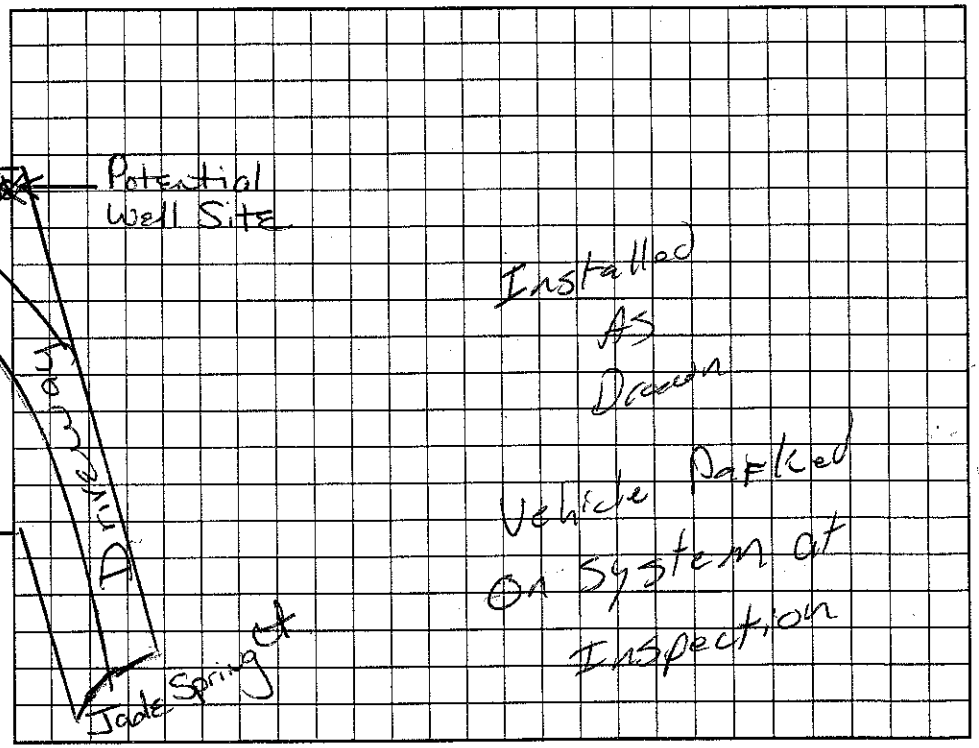
Comments:/Conditions: Keep Septic System at least 10' From PL, 50' From Lake & 50' From ANY Well (50&56')

Comments:/Conditions: 67 - 40gpm = 5.5" tailwater length

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: ____ date 2/27/01 Installed by: Curt Dunning

Improvement Permit by: Maine H.H. Dolan RS date 2/19/2001 Operation Permit by: ____ RS date 4/11/02

Authorization to Construct by: Maine H.H. Dolan RS date 2/19/2001 Existing System Inspection by: ____ date ____

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

Lot - 4420 Zinc