IREDELL COUNTY HEALTH DEPARTMENT

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

-VILLE 704-878-5305 MOORESVILLE 704-663-5[illegible]

Mayhew - Afre[illegible] ss pending

PERMIT# 13879 PIN# 2H 11 C 23

OWNER OR CONTRACTOR Peter T. Schlesinger PHONE: Business 892-3125 Home 4645-36-0226

ADDRESS 842 Southwest Dr. Davidson NC. 28036 DATE 9/21/99

LOCATION Alcove (1206) TR Templeton (1108) (L) Dat oak, TR Queen Circle ~ 1/4 mile on (L)

SUBDIVISION QueenCove BLOCK / SECTION 3 LOT 23 LOT AREA ~ 2AC. SITE CLASS. P5 DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 8/24/99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 2040 Linear Feet 680
No Lines 4 or (5) Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: Mav - Conventional
Repair System Description: ____
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

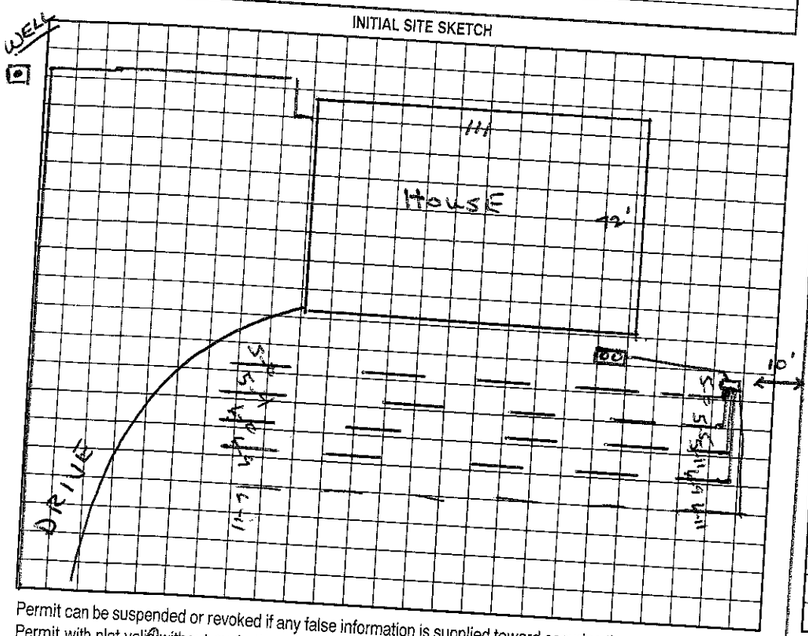
[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 6.5
[ ] Business No. Employees ____
[ ] Other ____

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

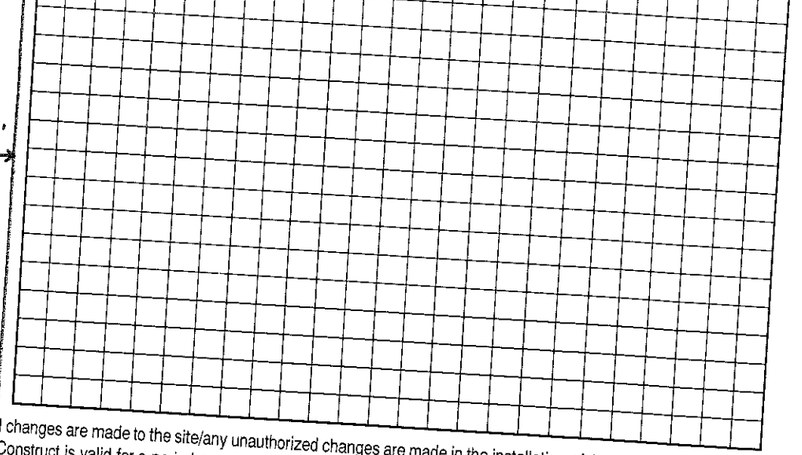
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



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: * Dana Blank date 9/23/99

Improvement Permit by: Wesley Sparks R.S. date 9/21/99

Authorization to Construct by: Wesley Sparks R.S. date 9/24/99

Installed by: Mayhews Const.

Operation Permit by: Wesley Sparks R.S. date 11/15/99

Existing System Inspection by: ____ date ____

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