IREDELL COUNTY HEALTH DEPARTMENT

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

Paid 50.00 Redraw 10-30-00

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

PERMIT# 73046 PIN# 4646052917

OWNER OR CONTRACTOR RONALD HILL PHONE: Business 704 599-1989 Home DATE 4/7/00

ADDRESS PO BOX 1511 CORNELIUS NC 28031

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL 2nd WOODDUCK LOOP - ON RT AT LAKE

SUBDIVISION CRYSTAL BAY BLOCK / SECTION LOT 8 LOT AREA SITE CLASS. RS DESIGN FLOW 360 gal L.T.A.R. 3 gal/sq ft

Septic Tank: 1000 Gallons; STB 1012 Date 1-23-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 210

No Lines 6@35' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: PUMP PANEL / DECREED

Maintenance Agreement Required: ☐ Yes ☑ No B4 83

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

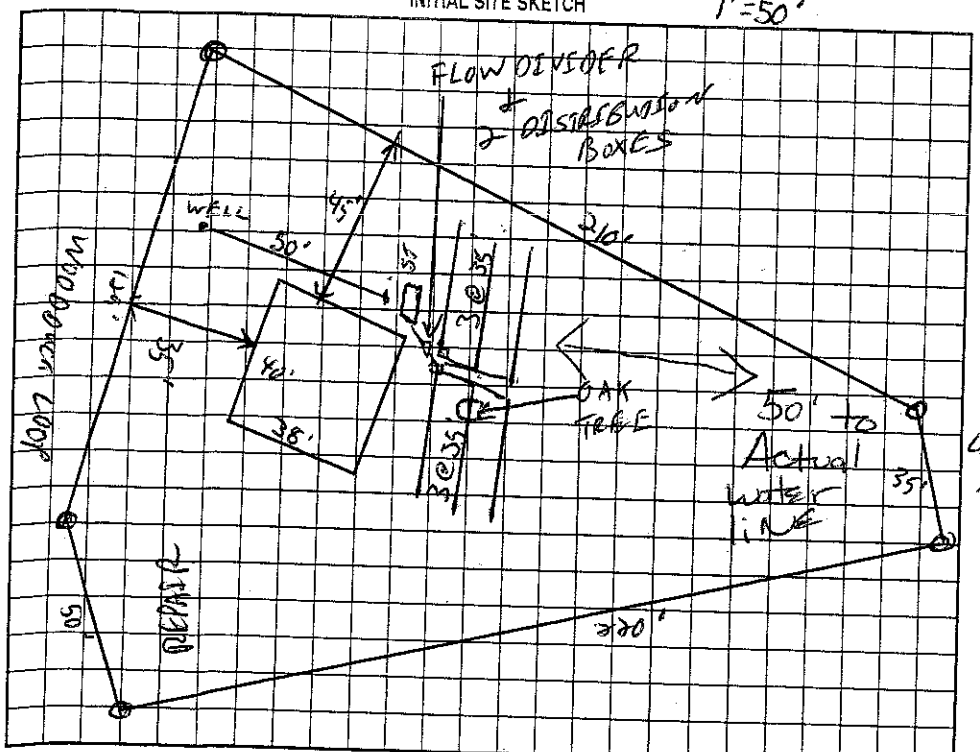
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 1) OAK TREE IS TO BE TAKEN OUT AND STUMP GRINDED OUT PROPERLY.

Comments:/Conditions: Filter & plastic riser installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed as Drawn

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: Robert M Swan date 4-7-00

Improvement Permit by: C. Hyatt RS date 4/7/00

Authorization to Construct by: C. Hyatt RS date 4/7/00

Installed by: Knox Grading

Operation Permit by: Maina H. Dolan date 5/30/200

Existing System Inspection by: date

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