IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 | 125.00 Paid | MOORESVILLE 704-664-5281

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

PERMIT# 93338 PIN# 4646 08 1600 DATE 3/15/01

OWNER OR CONTRACTOR GD SMITH DEV. / COURTLAND PROPERTIES PHONE: Business 892-08600 Home

ADDRESS PO BOX 908 DAVIDSON NC 28031

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL REGENCY - TR ~~HAZELTON~~ Hazelton Loop - ON RT 122 Hazelton Loop

SUBDIVISION REGENCY LAKE BLOCK / SECTION F LOT 39 LOT AREA .37AC SITE CLASS RS DESIGN FLOW 360GPD L.T.A.R. .36 AC/RT

Septic Tank: 1000 Gallons; STB 354 Date 7/09/01

Pump Tank: 1000 Gallons; PT 313 Date 5/23/01

Pump Make: HYDRO Model SK-50A1 Serial No. 5101

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4@50' 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: PUMP PANEL

Repair System Description: NOT REQUIRED SOME PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

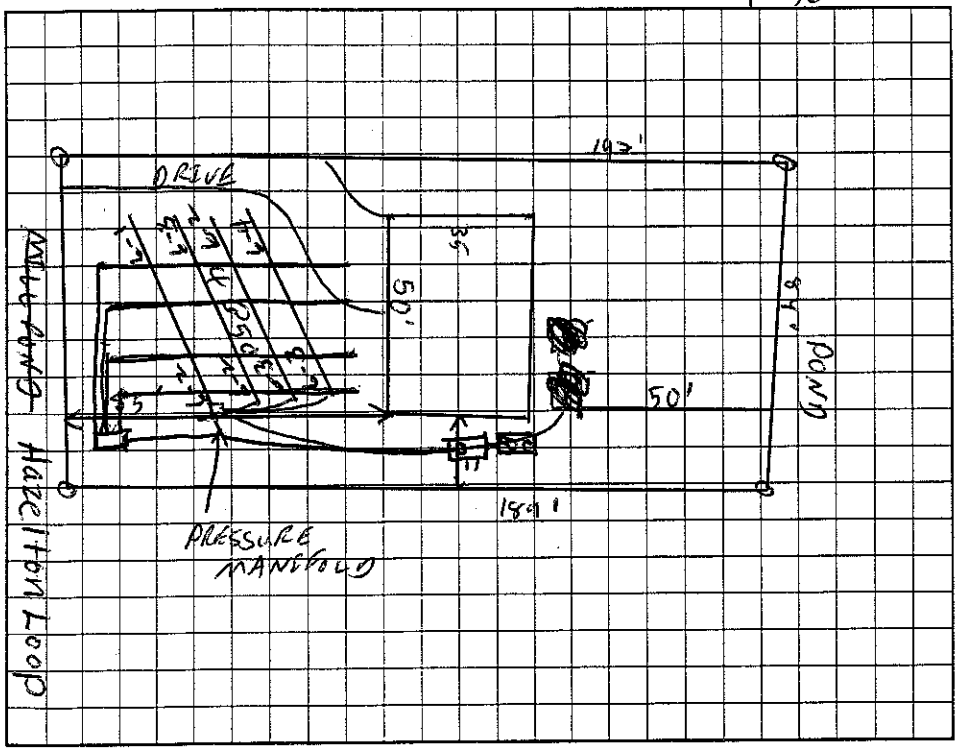
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=50'



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 5-17-01 Installed by: MacLeod

Improvement Permit by: C. Zan RS date 3/15/01 Operation Permit by: Wesley Sparks RS. date 9/28/01

Authorization to Construct by: C. Zan RS date 4/6/01 Existing System Inspection by: _____ date _____

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