IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093334 PIN# 4646-08-1839 DATE 5/21/02

OWNER OR CONTRACTOR John R. Genes PHONE: Business _____ Home 704-736 1170

ADDRESS 446 Chase Dr. Iron Station NC 28080

LOCATION Brawley Sch, Tl Canvasback, TL Regency, TR Hazelton, on Corner

SUBDIVISION Regency LK BLOCK / SECTION F LOT 34/35 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 760 Date 2-25-02

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

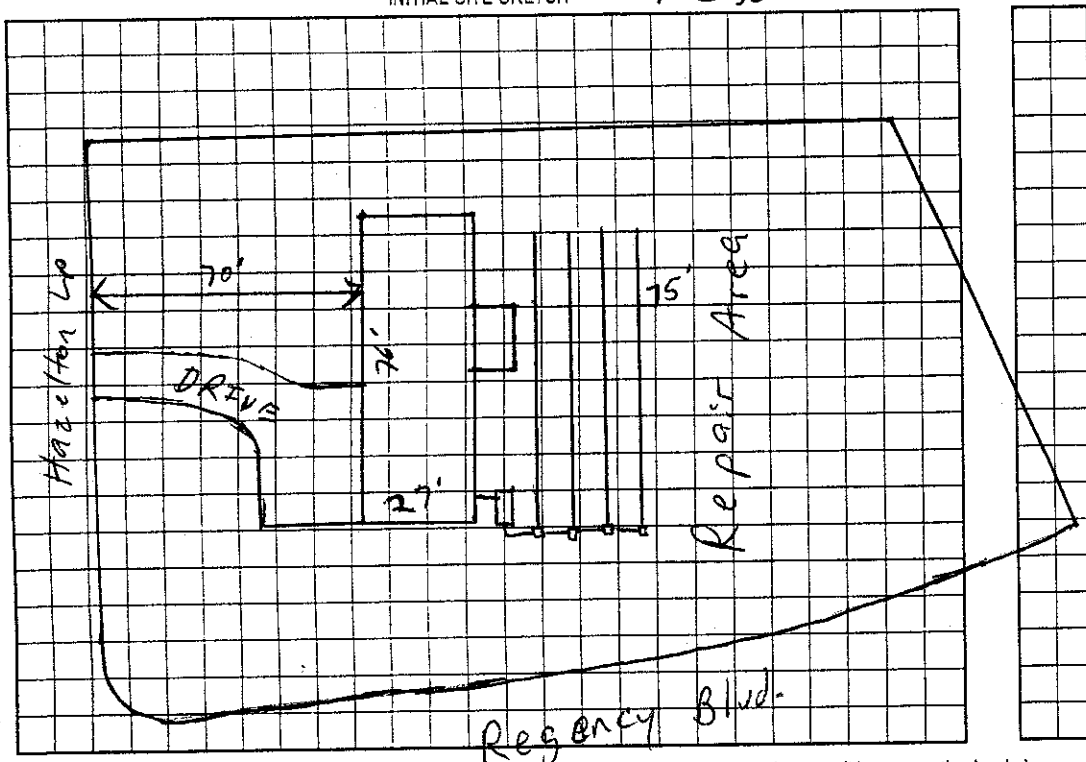
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Communit

Comments:/Conditions:

Comments:/Conditions: 7/3/2002 Checked ST el lines 1 & 2 - okay 3 & 4 Okay 7/5/2002

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed 4' Plastic Chambers For Drainfield

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. Improvem
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: John R. Genes date 5/22/02

Improvement Permit by: RS date 5/21/02

Authorization to Construct by: RS date 5/21/02

Installed by: D.S Meyers R.S

Operation Permit by: Marvin Hill date 7/5/

Existing System Inspection by: _____ date _____

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