IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084099 PIN# 4646 08 3753 DATE 11/2/99

OWNER OR CONTRACTOR Harry Hedgway PHONE: Business Home 399-1469

ADDRESS 3934 Bristol Dr. Charlotte, NC. 28208

LOCATION 1100 TL Canvasback TL Regency Lake TR Hazelton (E) corner lot at Shallmar Ln. intersection

SUBDIVISION REGENCY LAKE VIL. BLOCK / SECTION C LOT 9 LOT AREA .51 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 317 Date 5/16/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 ✓
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

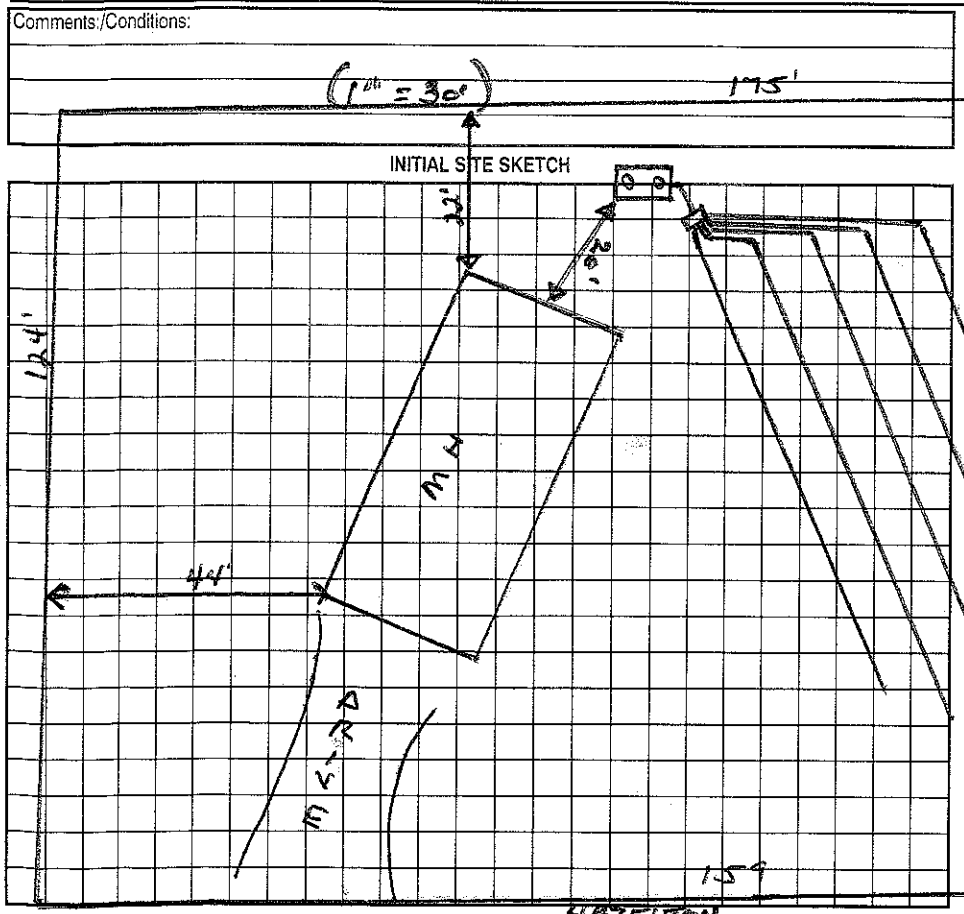
☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAV - CONVENTIONAL
Repair System Description: GRAV - PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☒ 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 WELL

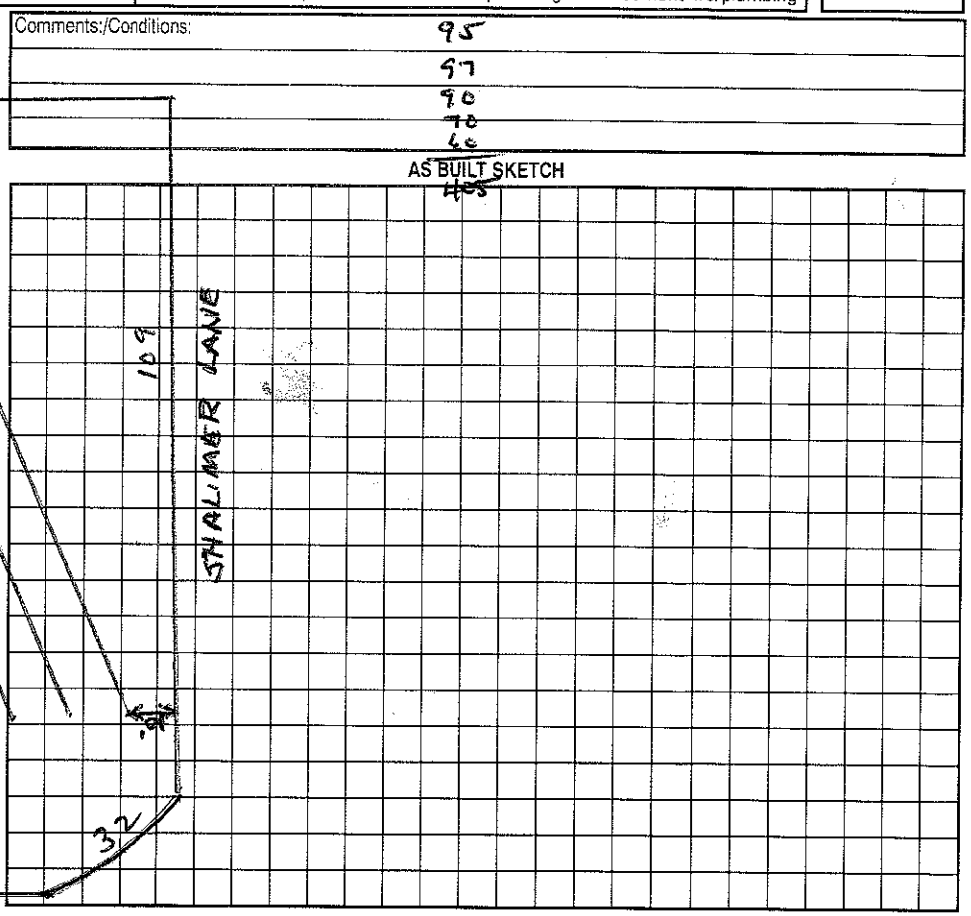
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:
95
97
90
70
66
105

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: X Linda Lewis for First Value Homes date 11/2/99 Installed by: Buddy Chaney

Improvement Permit by: Wesley Sparks RS. date 11/2/99 Operation Permit by: Wesley Sparks RS date 6/8/00

Authorization to Construct by: Wesley Sparks RS. date 11/2/99 Existing System Inspection by: ____ date ____

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