IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid 3:30 MOORESVILLE 704-664-5281

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

PERMIT# 93274 PIN# 4646093123 DATE 4/4/01

OWNER OR CONTRACTOR G.O SMITH DEV. / ~~COURTLAND PROP~~ MAC MINOR PHONE: Business 892-0909 Home

ADDRESS PO BOX 908 DAVIDSON NC 28031

LOCATION BRAWLEY SCHOOL - TL CANVASBACK - TL REGENCY - ON LT

SUBDIVISION REGENCY LAKE BLOCK / SECTION D LOT 7 LOT AREA 1.39AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .30/FT²

Septic Tank: 1000 Gallons; STB 794 Date 5/10/02
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 N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: GRAVITY ~~REPAIR~~ SAME PANEL
Maintenance Agreement Required: ☐ Yes ☐ No DEED B-483

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

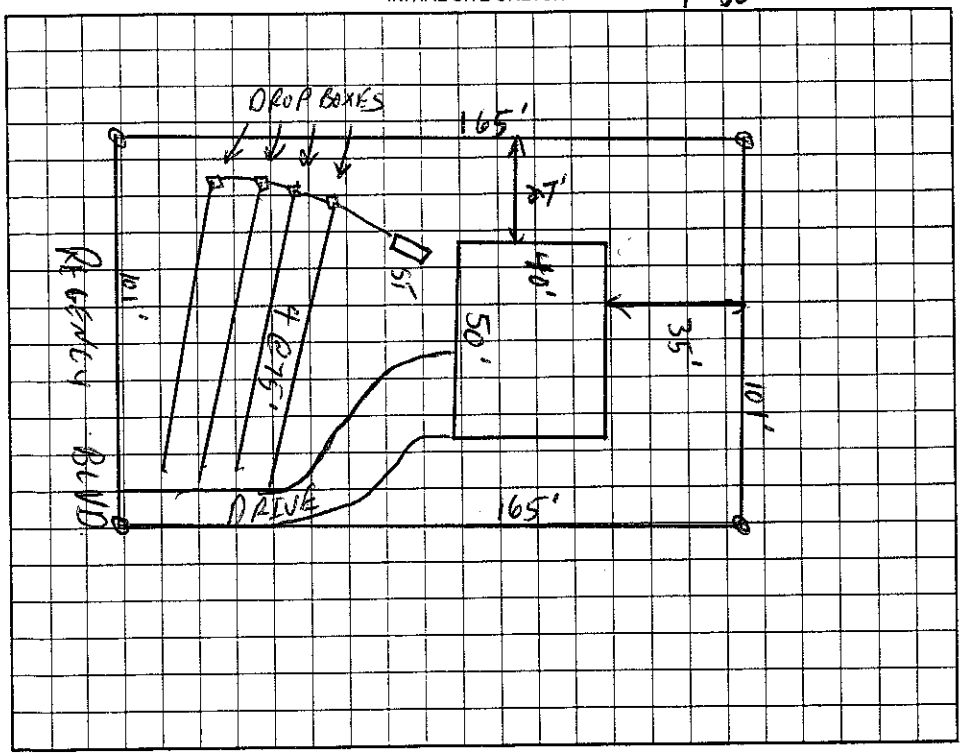
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

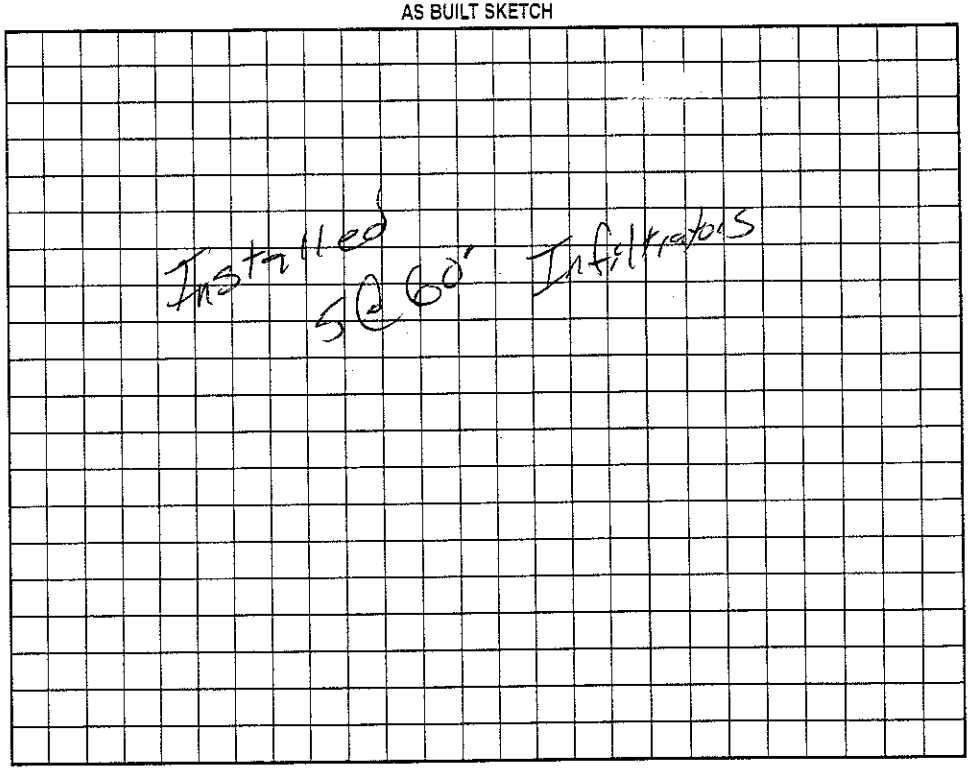
Comments:/Conditions: (HOUSE CAN BE 66' WIDE INSTEAD OF 50') CBF 2/26/02

Comments:/Conditions:

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 4/4/01 Installed by: Bob's Backhoe

Improvement Permit by: ____ date 4/4/01 Operation Permit by: ____ RS date 7/17/02

Authorization to Construct by: ____ RS date 8/24/01 Existing System Inspection by: ____ date ____

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