IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072496 PIN# 4648 32 4519 DATE 4/7/98

OWNER OR CONTRACTOR ~~Gaj~~ / Haus Builders PHONE: Business _____ Home 998-0447

ADDRESS 202 Brentwood Dr. Advance, NC. 27006

LOCATION Bluefield Rd TL Big Indian Loop, TL Cherokee Dr., to 4th lot on (L)

SUBDIVISION Beaufort Bay BLOCK / SECTION _____ LOT 24 LOT AREA 21780 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: GRAV → Typ 3

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

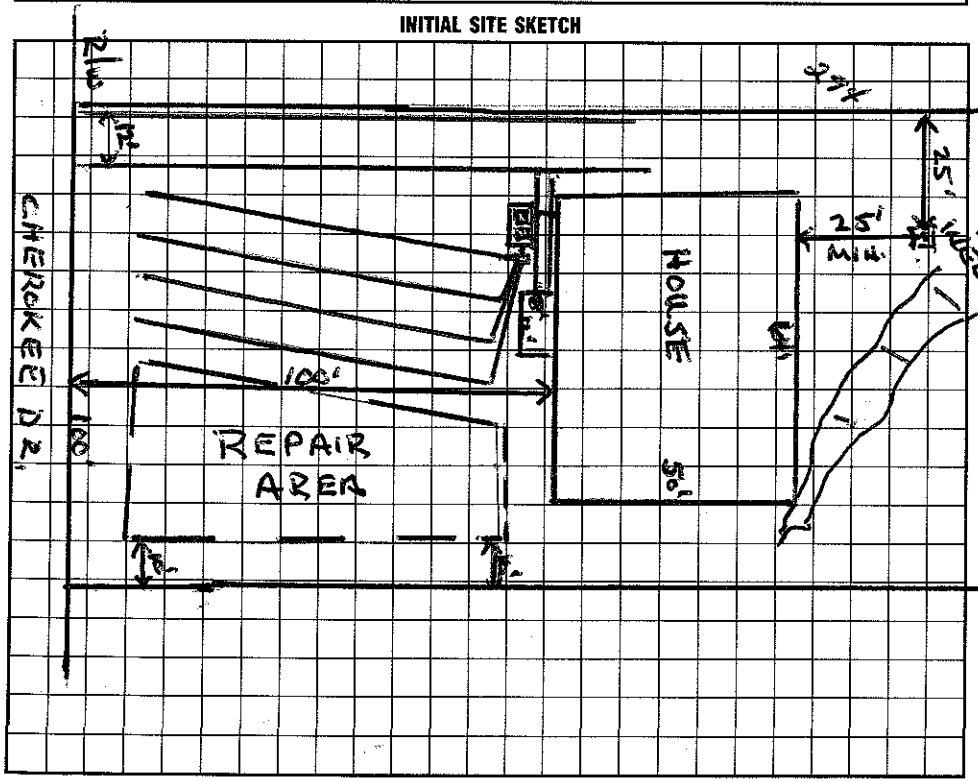
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

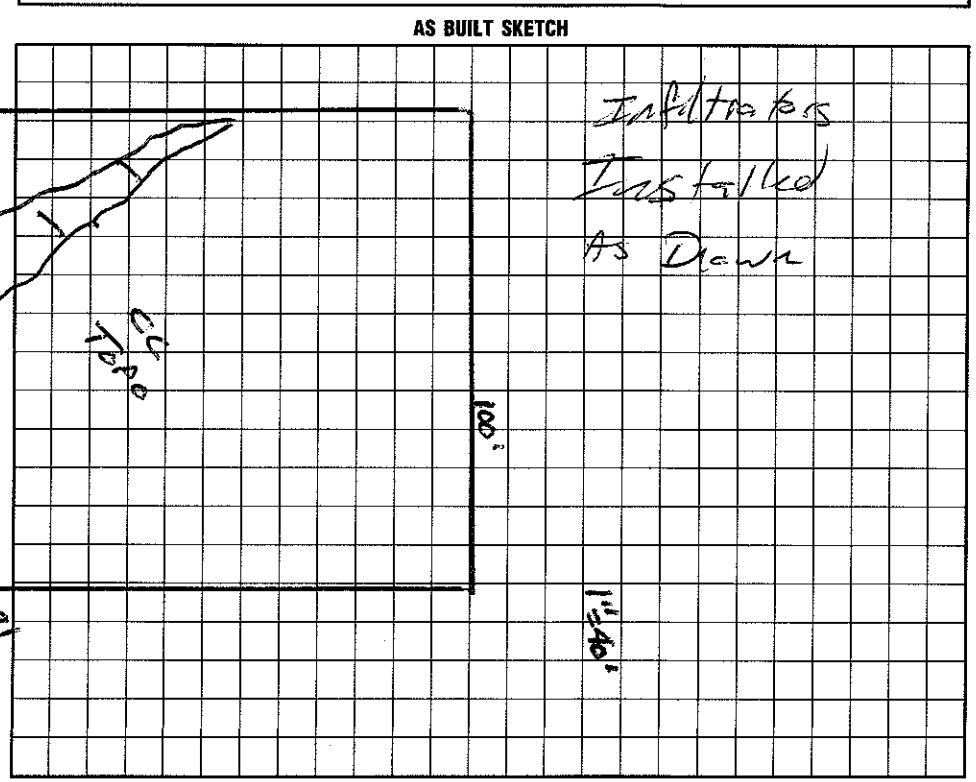
Comments:/Conditions:

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House Plans Reviewed 8/13/02 GM

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Anthony Gajewski date 4/21/98

Improvement Permit by: Wesley Hughes RS. date 4/7/98

Authorization to Construct by: Gary McNeil RS date 8/13/02

Installed by: Larry Bean

Operation Permit by: _____ RS date 8/26/03

Existing System Inspection by: _____ date _____

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