IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 070746 PIN# 4648324800 DATE 1-8-97

OWNER OR CONTRACTOR Debra Sousa PHONE: Business Builder (Oscar) 514-6622 Pager Home (704) 531-3401

ADDRESS 6142 Winged Elm Ct Charlotte, NC. 28212

LOCATION 150 W. TR) Bluefield Rd. TL Big Indian TL Cherokee 2nd lot on left

SUBDIVISION Bearstart Bay BLOCK / SECTION ____ LOT 26 LOT AREA .679 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 5/27/98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 at 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: *Gravity- Plastic Chambers

Repair System Description Grinder Pump Plastic Chambers

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

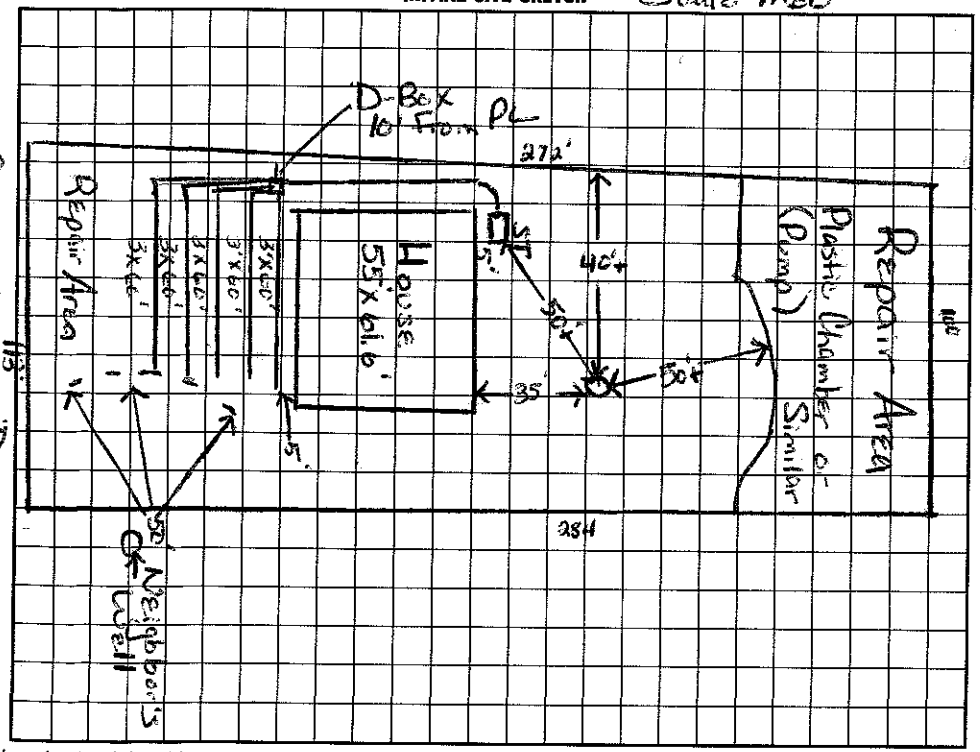
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 50' from Well (s) & 10' from PL & 5' from House. Well must be "Drilled Well" *25% Reduction of Drainfield

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:60



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: Debra Sousa date ____

Improvement Permit by: Maria H H Dotson date 1/12/98

Authorization to Construct by: Maria H H Dotson date 1/13/98

Installed by: CURT DUNNANT

Operation Permit by: C. Lightner date 7/23/98

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