IREDELL COUNTY HEALTH DEPARTMENT

Rcdraw owes ✓

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

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

PERMIT# 144742 PIN# 4654972575.000 DATE 7/23/08

OWNER OR APPLICANT Bryant Kimberly Abe PHONE: Business _____ Home _____

ADDRESS 6634 April Mist Tr. Huntersville NC 28078

LOCATION Hwy 115 E TR Presbyterian Rd. TR Sinkfarm Rd TL Buckingham Pl end of road on right

SUBDIVISION Davidson Downes BLOCK / SECTION _____ LOT 88+17 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 9-9-08

Pump Tank: 1000 Gallons: PT 27 Date 7-26-08

Pump Make: Zoeller Model BN140-E Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1188 Linear Feet 396'

No Lines @ 56' Trench Width 36" Max Trench Bottom Depth 36

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump PM 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☐ No Jrbs all

☐ Gravel Depth N/A ☐ Gravity ☑ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

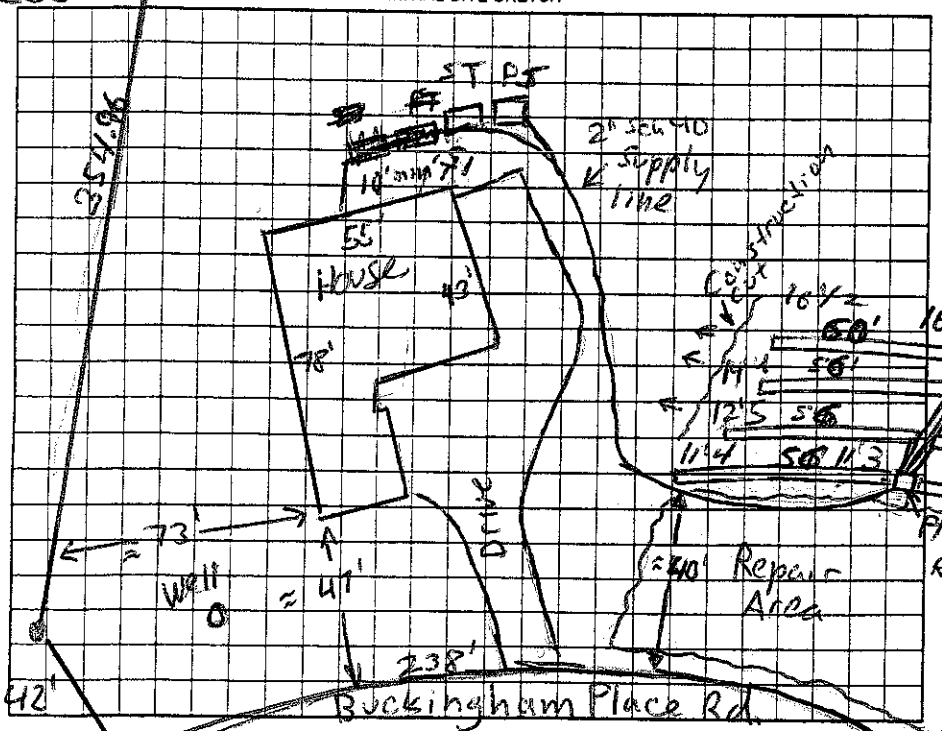
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 1060' 6 lines at 56'
1 line at 60'
7 taps PM ½" sch 40 taps

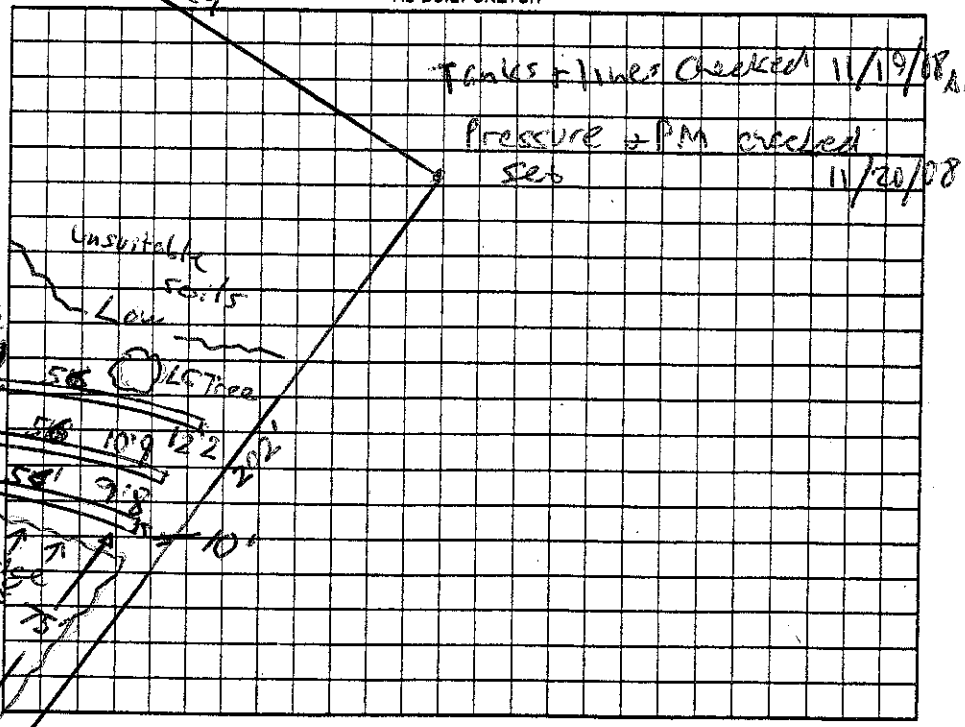
Comments:/Conditions: * Main Floor office to have fixed window
check h/E O.P.
* Future Basement to have 1 bedroom for total of 4

1" = 50'

INITIAL SITE SKETCH



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 7/23/08 Installed by: Kenny Madison

Improvement Permit by: Anthony Cole RS date 7/23/08 Operation Permit by: _____ date 12-5-08

Authorization to Construct by: Anthony Cole RS date 7/23/08 Existing System Inspection by: _____ date _____

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