Paula Bostick: 704 634-4776

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 2:00

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

PERMIT# 089181 PIN# 4655 70 9282 DATE 5-3-2000

OWNER OR CONTRACTOR Steve & Jennifer Robbins PHONE: Business (704) 875-3780 Jennifer Home 596-5360 (Nextel)

ADDRESS 14017 Kedleston Rd. Huntersville, NC 28078

LOCATION Hwy 115 S TR Midway Lk. TR Beracah Place lot on left

SUBDIVISION Beracah Place BLOCK / SECTION ____ LOT 18 LOT AREA 1.85 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1600 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model 900 Serial No. 300

Nitrification Field: No Fields 1 Square Feet ~~1546~~ Linear Feet ~~532~~

No Lines ~~4 or 133'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees 2.5

[ ] Other ____

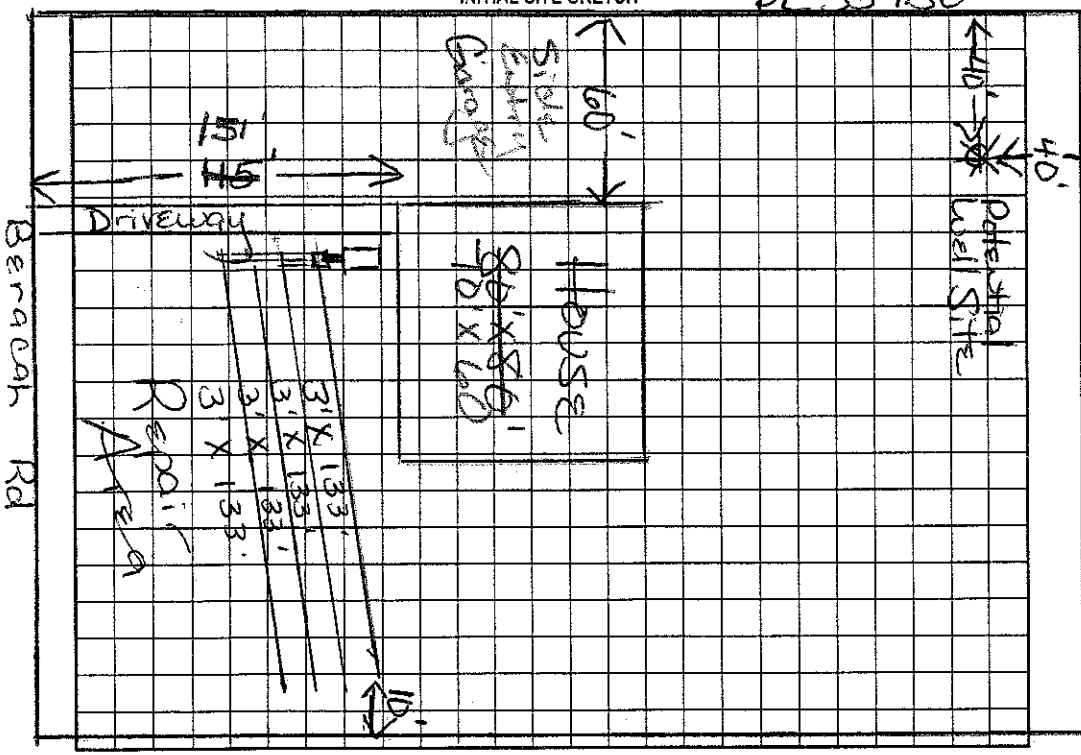
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

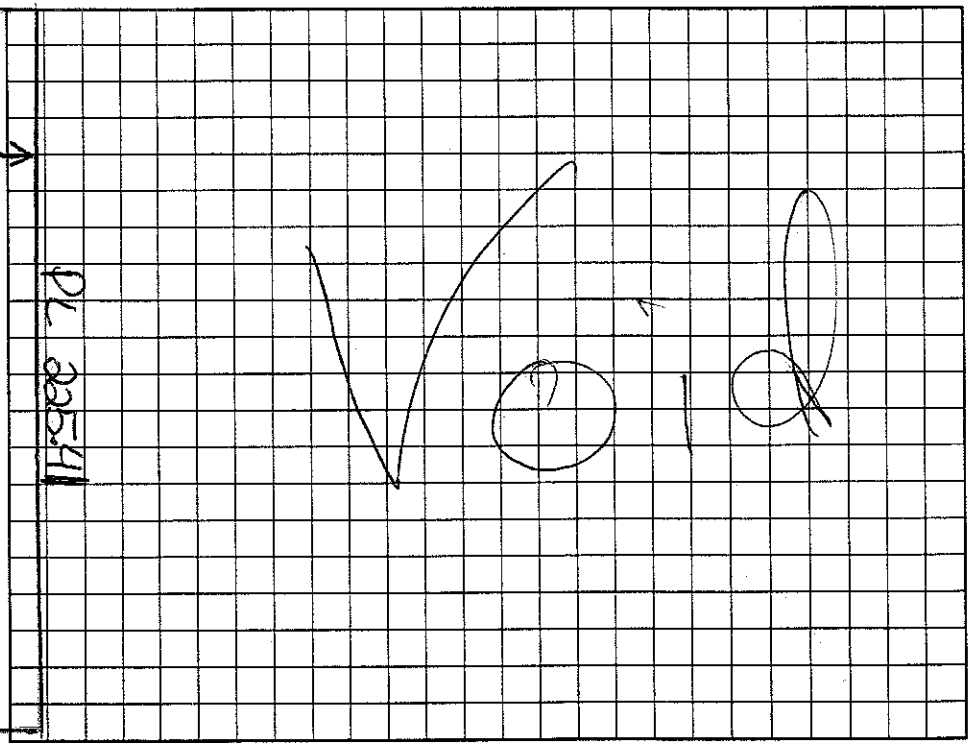
Comments/Conditions: Keep Septic System at least 10' from PL, 5' from house & 100' from well

Comments:/Conditions:

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: Steven D Robbins date 5/17/00 Installed by: ____

Improvement Permit by: Maria H Watson RS date 5/3/2000 Operation Permit by: ____ date ____

Authorization to Construct by: Maria H Watson RS date 5/3/2000 Existing System Inspection by: ____ date ____

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