IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111503 PIN# 4664545347 DATE 4-8-03

OWNER OR CONTRACTOR Richard & Kathy Banuski PHONE: Business _____ Home 662-3994

ADDRESS 1849 Shearers Rd. Davidson, NC

LOCATION Main St South TL Brawley TR Shearers Rd on left before Countyline

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. 3+

Septic Tank: 1000 Gallons; STB 512 Date 11/16/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810" Linear Feet 270'

No Lines 3@90' 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: Pump - Innovative

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

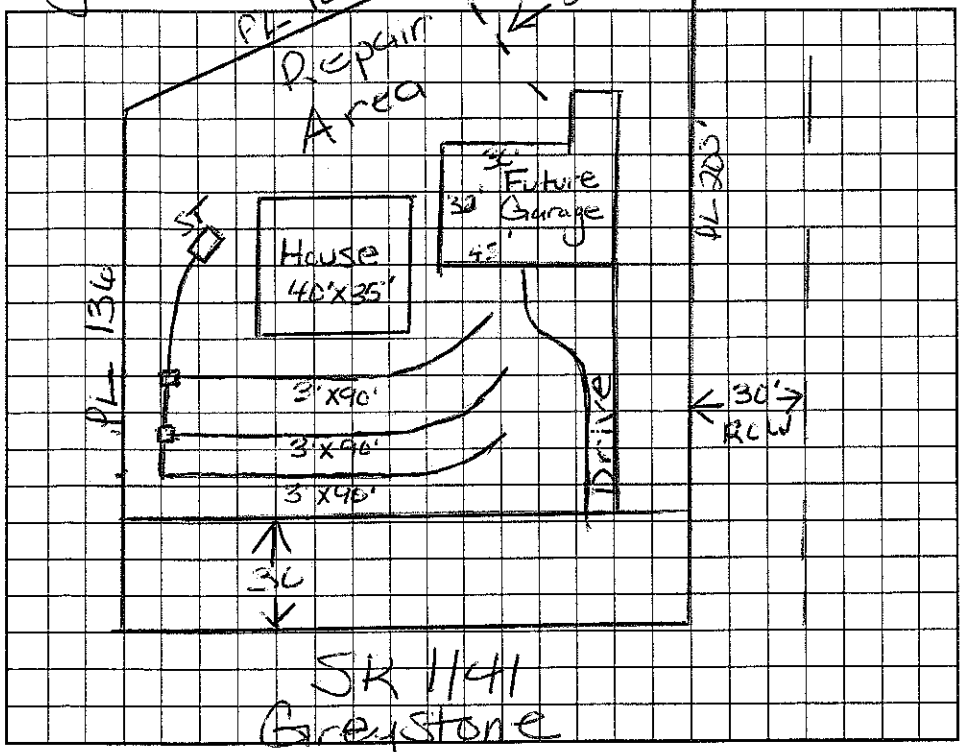
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

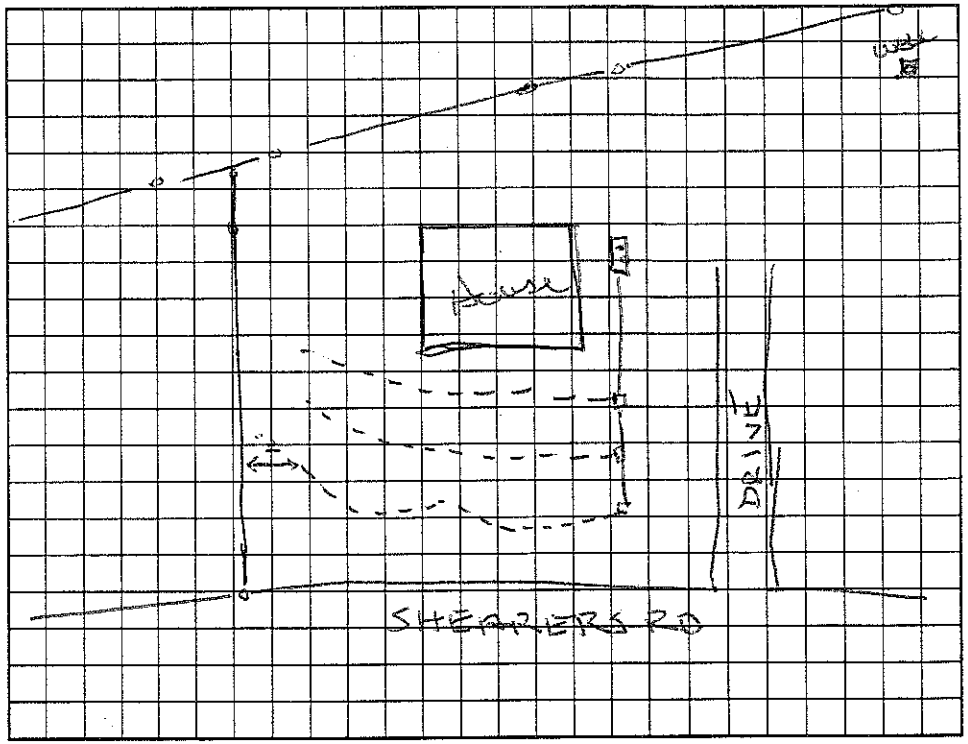
* Keep Septic System at least 10' to PL & 50' From any well.

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: Richard Banuski date 4-10-03

Improvement Permit by: Maria H. Dotson RS date 4/8/03

Authorization to Construct by: Maria H. Dotson RS date 4/8/03

Installed by: Larry Tucker

Operation Permit by: Wesley Sparks RS date 12/15/04

Existing System Inspection by: _____ date _____

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