IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13891/14378 PIN# ~~4666665531~~ 4616666645 44 DATE 11/21/07

OWNER OR APPLICANT ZANE CARNEY PHONE: Business 704-239-7928 Home

ADDRESS 12901 MAYES RD, HUNTERSVILLE, NC 28115

LOCATION 125 KAM DR; Hwy 3 TR KAM DR TL FRANKLIN DR ON L CORNER

SUBDIVISION FOUR OAKS BLOCK / SECTION LOT 14-19 LOT AREA ~1.5AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .275

Septic Tank: 1000 Gallons: STB 794 Date 11/5/07
Pump Tank: 1000 Gallons: PT 27 Date Couldn't locate
Pump Make: GOULDS Model WG05511HT Serial No
Nitrification Field: No Fields 1 Square Feet 816 Linear Feet 272
No Lines 4@72' Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Pres Dosed - 16" Pro/Ject Panel Bed
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons No. Employees

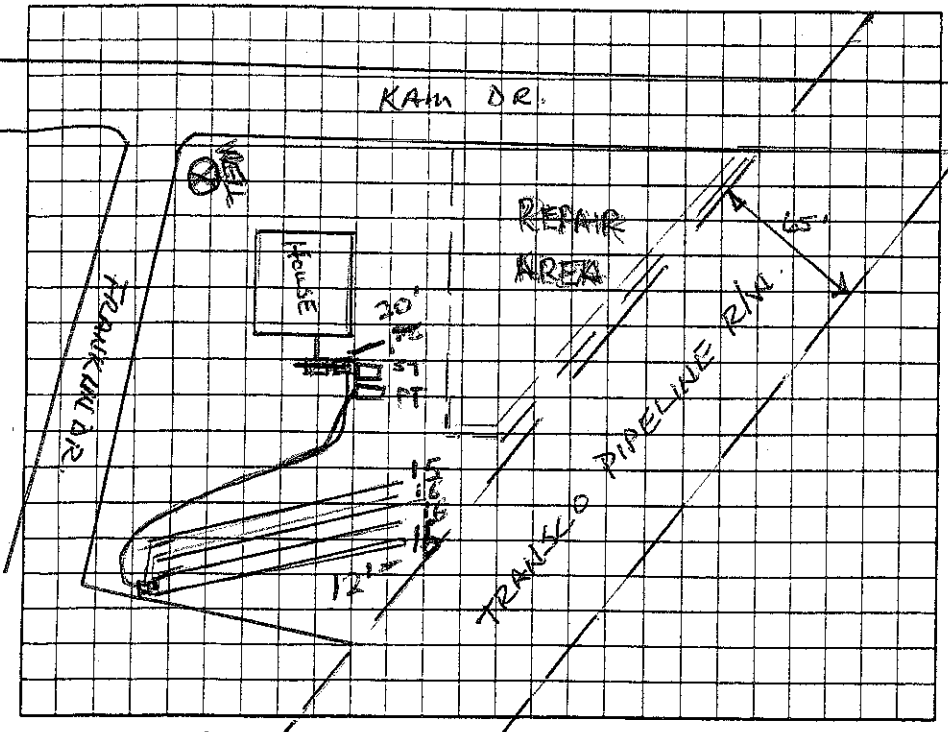
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth No ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: Lines & Tanks checked 6/12/08 AC

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: Zane Carney 11/28/07 date 11/28/07

Improvement Permit by: Wendy Sparks RS. date 11/21/07

Authorization to Construct by: Wendy Sparks RS date 11/21/07

Installed by: Tucker Hauling & Grading

Operation Permit by: date 6/24/08

Existing System Inspection by: date

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