IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133859 PIN# 4669003656 4669005396 DATE 6/5/06

OWNER OR APPLICANT Lexus Homes PHONE: Business _____ Home 948-7078

ADDRESS 7836 Garnkirk Dr Huntersville NC 28078

LOCATION Hwy 115 North TR Shinnville Rd TL Brookglen on left #151

SUBDIVISION Brookglen BLOCK / SECTION _____ LOT 51 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 1-21-06
Pump Tank: 1000 Gallons; PT 27 Date 4-16-06
Pump Make: _____ Model N153 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump - 25% Reduction
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

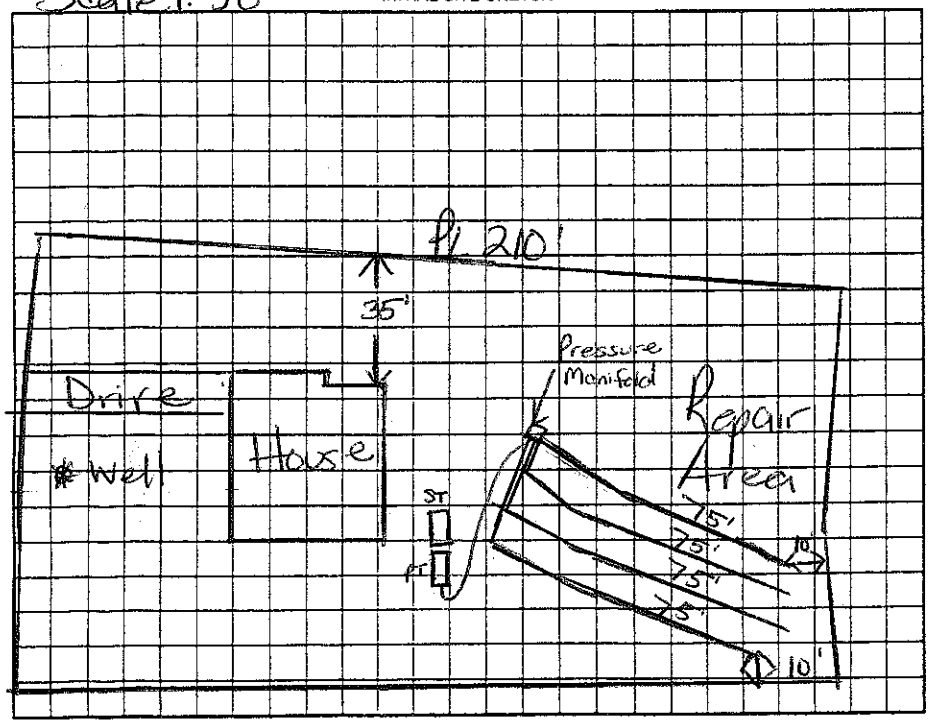
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL & Drainfield 25ft From House (if Foundation drain used)

Comments/Conditions: Note: Replace premous permit issued 11/1/01. ★Okay to install in 4 lines if possible Rocky in Line 3 3@100' x 3 Shaft Hunter @ PL

Scale 1:30' 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: Shawn Reid date 6/6/06 Installed by: BW Christenbury

Improvement Permit by: Marina Hill Dotson RS date 6/5/06 Operation Permit by: Judy Melville date 8-18-06

Authorization to Construct by: Marina Hill Dotson RS date 6/5/06 Existing System Inspection by: _____ date _____

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