DELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078903 PIN# 4717 53 6268 + DATE 1-21-99

OWNER OR CONTRACTOR DENNIS L. TAYLOR PHONE: Business _____ Home (704) 598-1186

ADDRESS 400 LAMBETH DRIVE CHARLOTTE, NC 28213

LOCATION NC 115 NORTH, TL MIDWAY ROAD, N 0.2 MILE ON LEFT PAST LAURA JEANNE LANE

SUBDIVISION MOUNTAIN VIEW EST. BLOCK / SECTION _____ LOT 53/54 LOT AREA 2.05 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 3/2 Date 2-16-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

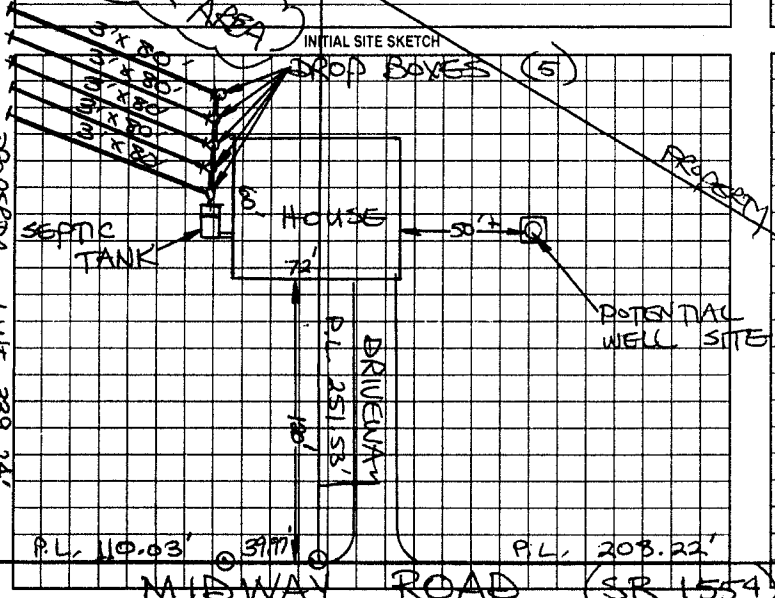
☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: Pump CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

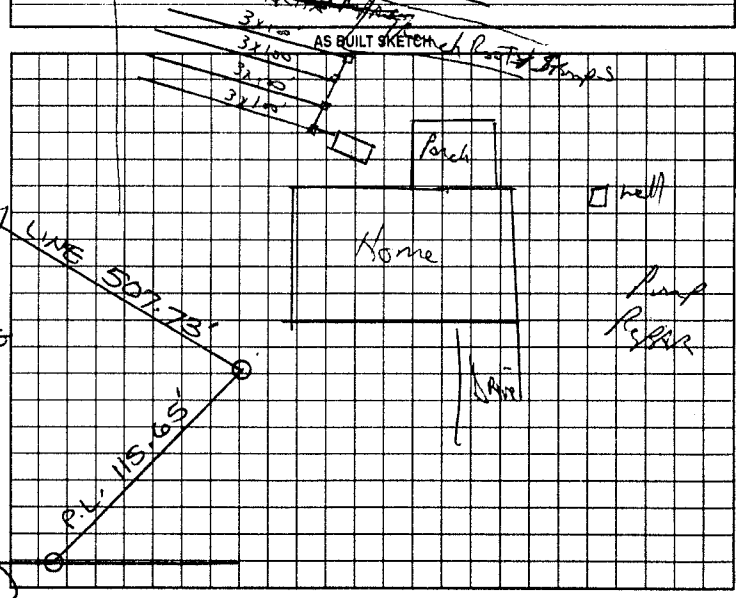
Comments/Conditions: REPAIR AREA

INITIAL SITE SKETCH



Comments/Conditions: ZAbel FILTER Used

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 1-21-99 Installed by: Craig Thompson

Improvement Permit by: STEVE HEDRICK date 1-21-99 Operation Permit by: _____ date May 10, 2000

Authorization to Construct by: STEVE HEDRICK date 1-21-99 Existing System Inspection by: _____ date _____

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