IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102748 PIN# 4725-55-4736.4 DATE 11/8/01

OWNER OR CONTRACTOR Rhum Chantabury PHONE: Business — Home (704) 878-0586

ADDRESS 110 Laughter Lane Statesville N.C. 28625

LOCATION Rhum 115N, @ Scotts Creek Rd, @ Miller Farm Rd @ on Hamm Brake, @ End.

SUBDIVISION Chantabury Village BLOCK / SECTION — LOT 4 LOT AREA 4.783 Ac. SITE CLASS V5 DESIGN FLOW 360 L.T.A.R. .03

Septic Tank: 1000 Gallons: STB 354 Date 6-6-01
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: Gravity Conv.
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —

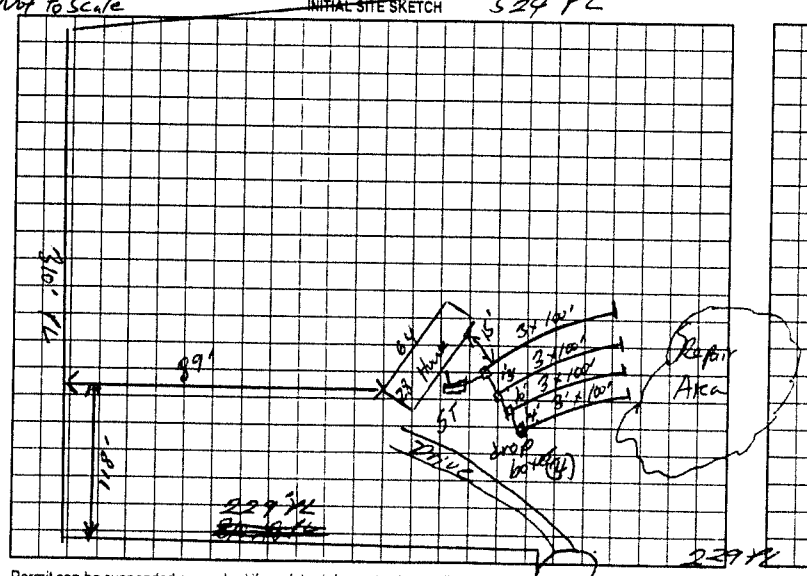
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

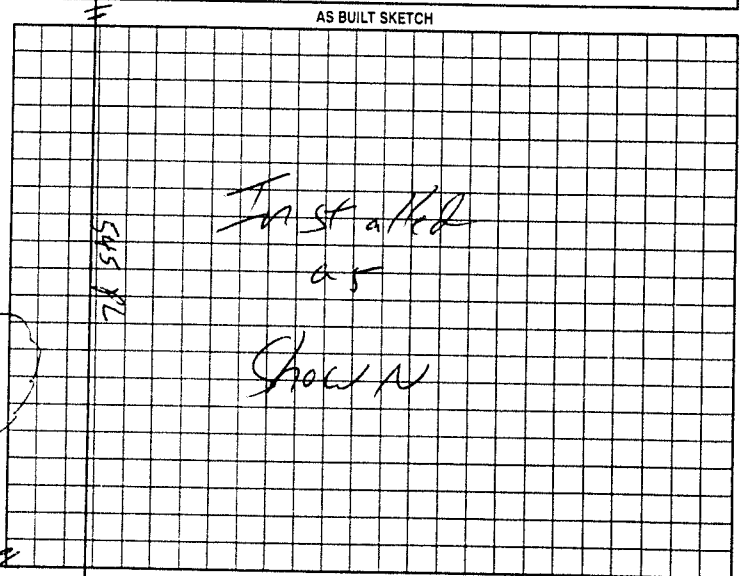
Comments/Conditions:

Comments/Conditions: Poly Lok Filter Septic Tank Marker

Not to Scale INITIAL SITE SKETCH 524 PL



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: Sam Hayden date 11-8-01 Installed by: C+M Septic

Improvement Permit by: William G Johnson date 11/8/01 Operation Permit by: William G Johnson date 1/10/01

Authorization to Construct by: William G Johnson date 11/8/01 Existing System Inspection by: — date —

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