121207

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~105304~~ PIN# ~~4786-71-5455~~ 4786-71-3585 DATE 04-12-02

OWNER OR CONTRACTOR William Page PHONE: Business 704.534-8460 Home 704-544-1385

ADDRESS 10820 HONEY BEE CIRCLE CHARLOTTE NC 28226

LOCATION 64 E, (2) E PAGE HAGER (L) E PAGE, PROPERTY ON RT 1/2 mile off road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 99.63 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet @1440' Linear Feet 480'

No Lines 4X120' Trench Width 36" Max Trench Bottom Depth (24") Gravel Depth (12")

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CONV GRAV

Repair System Description: SAME

Maintenance Agreement Required ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

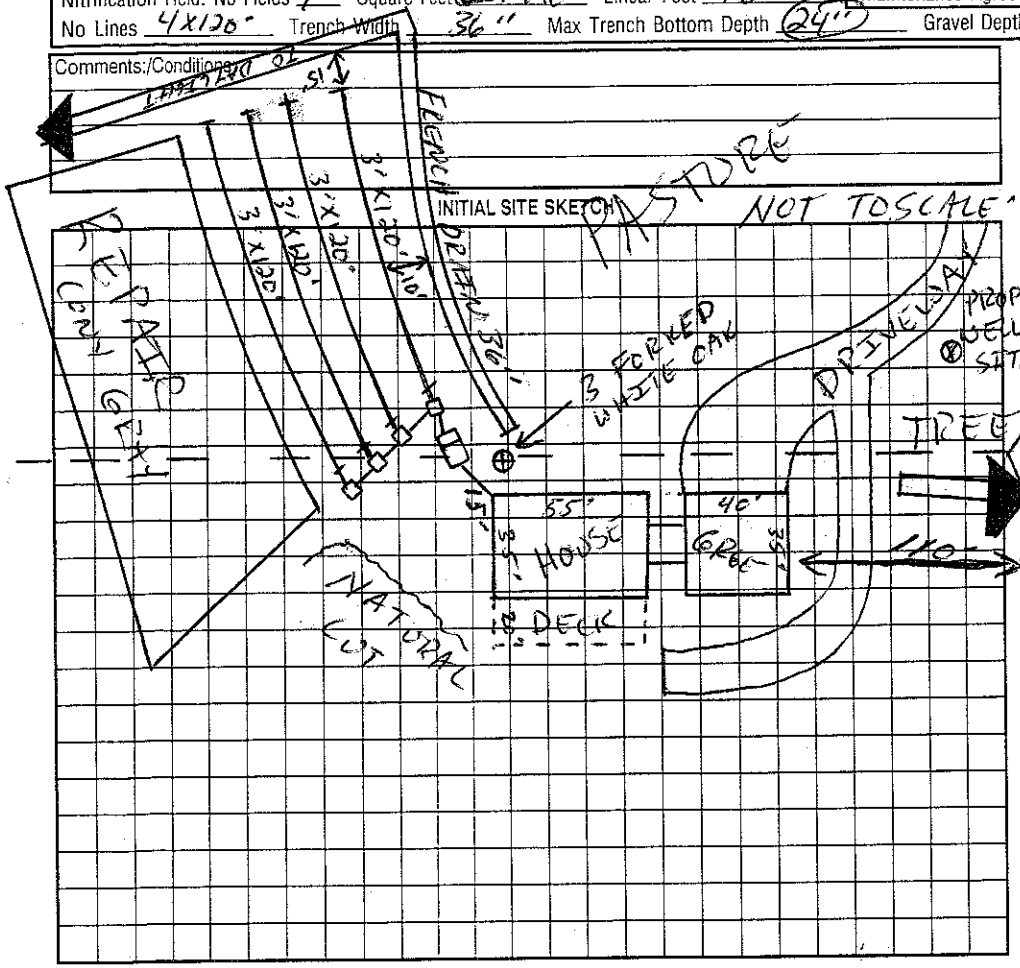
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

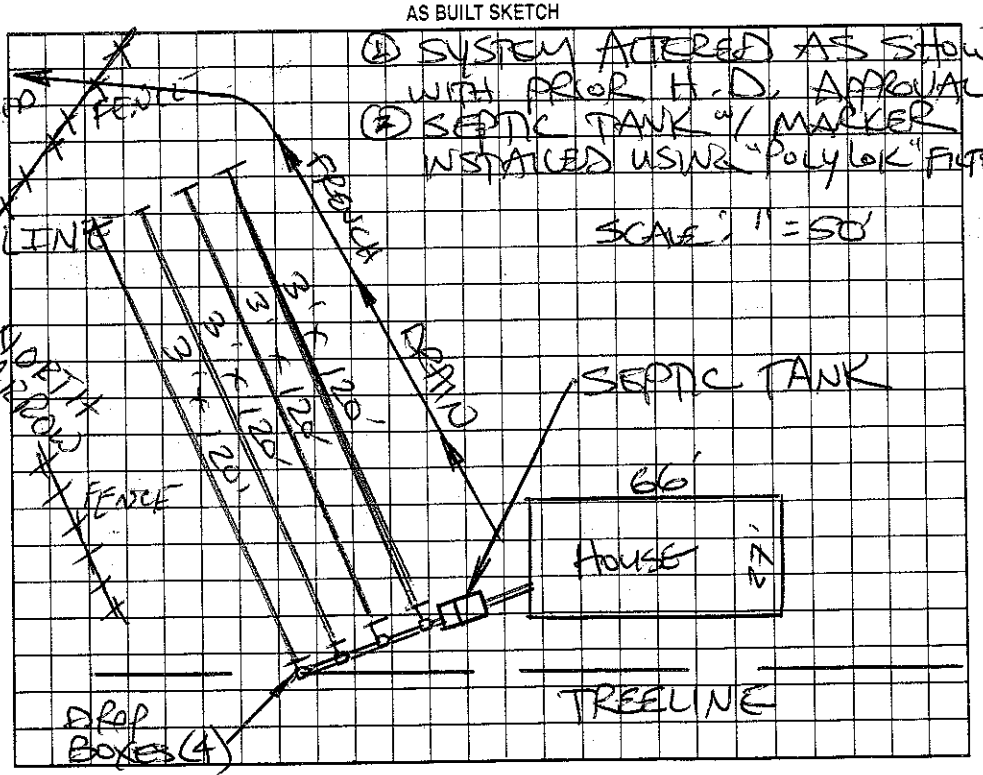
Comments:/Conditions:

Comments:/Conditions: (1) MAINTAIN SETBACKS (2) DRAW LINES INSTALL AT 24" FRENCH DRAIN 36" DEEP (3) KEEP WELL 100' FROM SYSTEM.

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: William A Page date 4-12-02 Installed by: A-1 BACKHOE

Improvement Permit by: RS date 04-12-02 Operation Permit by: STEVE HEDRICK date 5-17-04

Authorization to Construct by: RS date 04-12-02 Existing System Inspection by: _____ date _____

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