IREDELL COUNTY HEALTH DEPARTMENT

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

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

11860

PERMIT# 068476 PIN# 4625 94 1684 – 4625399614 DATE 10/4/03

OWNER OR CONTRACTOR David Schmitt PHONE: Business 704-453-1079 Home Thelma - 704-450-3627

ADDRESS 18936 Victoria Bay Dr. Cornelius, NC. 28031

LOCATION Sanibel Ln. 1100 TR Bay Harbor Rd. Tr Sanibel, to first on (L) facing Sanibel Ln.

SUBDIVISION Harbor BLOCK / SECTION 3 LOT 60 LOT AREA .7Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/30/04

Pump Tank: 1000 Gallons; PT 794 Date 1/28/05

Pump Make: Little Giant Model 98 Serial No.

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 5 Trench Width 2'-8'oc Max Trench Bottom Depth 3' Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI 159

System Description: Pro Bond - 1L" PPBRS

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

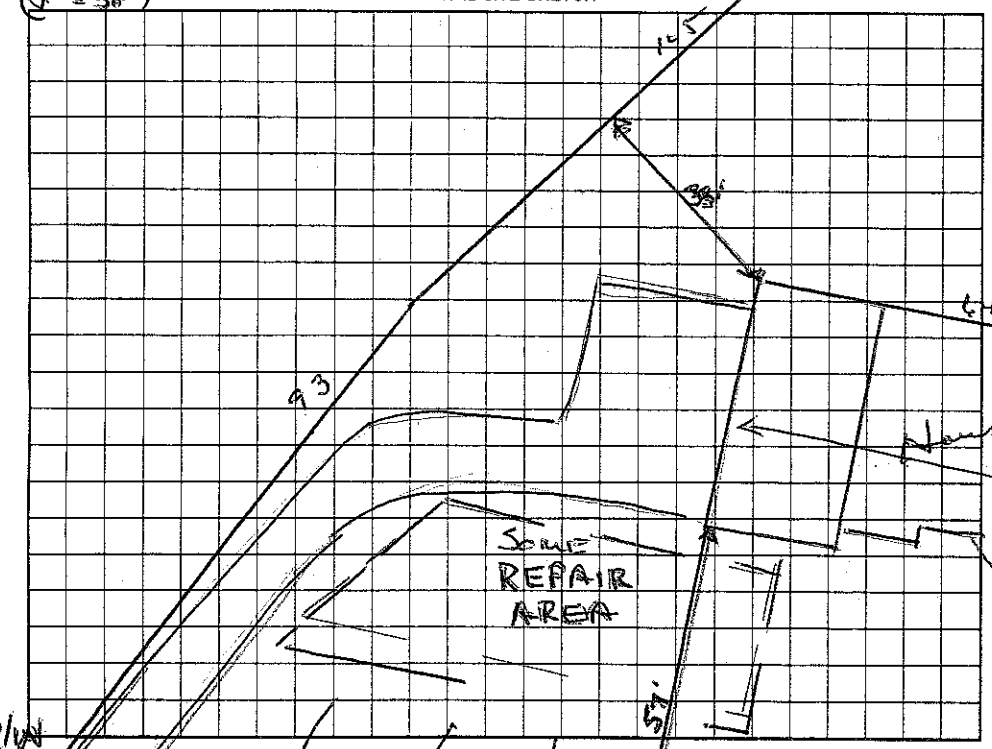
Water Supply:
☐ Individual
☐ Public
☒ Community 5 &

Comments:/Conditions: 3'-9'oc

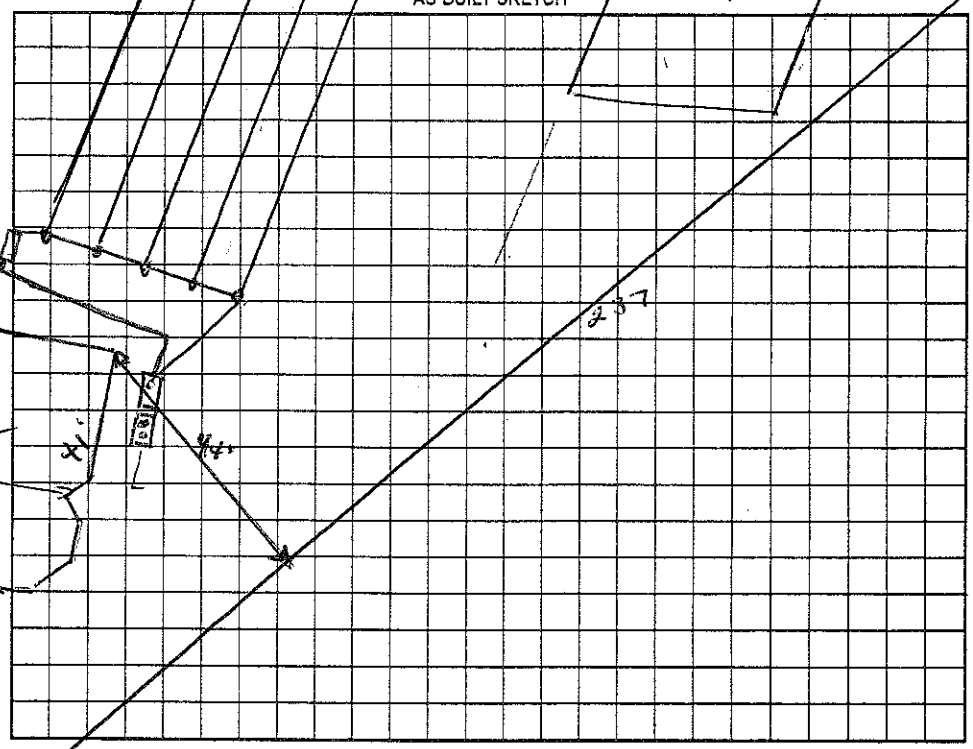
Comments:/Conditions:

(1" = 30')

INITIAL SITE SKETCH



AS BUILT SKETCH



P/W

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: X [signature] date 10/7/03 Installed by: Richard Alexander

Improvement Permit by: Wesley Sparks RS date 10/4/03 Operation Permit by: Wesley Sparks RS date 9/19/05

Authorization to Construct by: Wesley Sparks RS date 10/4/03 P/W Existing System Inspection by: date

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