4625-40-9267

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141862 PIN# 4625 94 16 84.857 Tod Hess Dienst DATE 9-24-07

OWNER OR APPLICANT Thomas & Sandra Sodeman/Dienst PHONE: Business 704 361-2827 Home 892-8426

ADDRESS 9606-A Caldwell Commons Circle Cornelius NC 28031

LOCATION Brawley School Rd TR Lightship Dr 5th lot on left before Thurstons Court

SUBDIVISION The Point BLOCK / SECTION 8 LOT 85 LOT AREA _____ SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .5

Septic Tank: 1000+ Gallons: STB 338 Date 5-1-07

Pump Tank: 1000 Gallons: PT 283 Date 8-20-07

Pump Make Goulds Model WE0312M Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 810 Linear Feet 270'

No. Lines 3@90' Trench Width ~~X~~ See Note Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LP-Pump-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

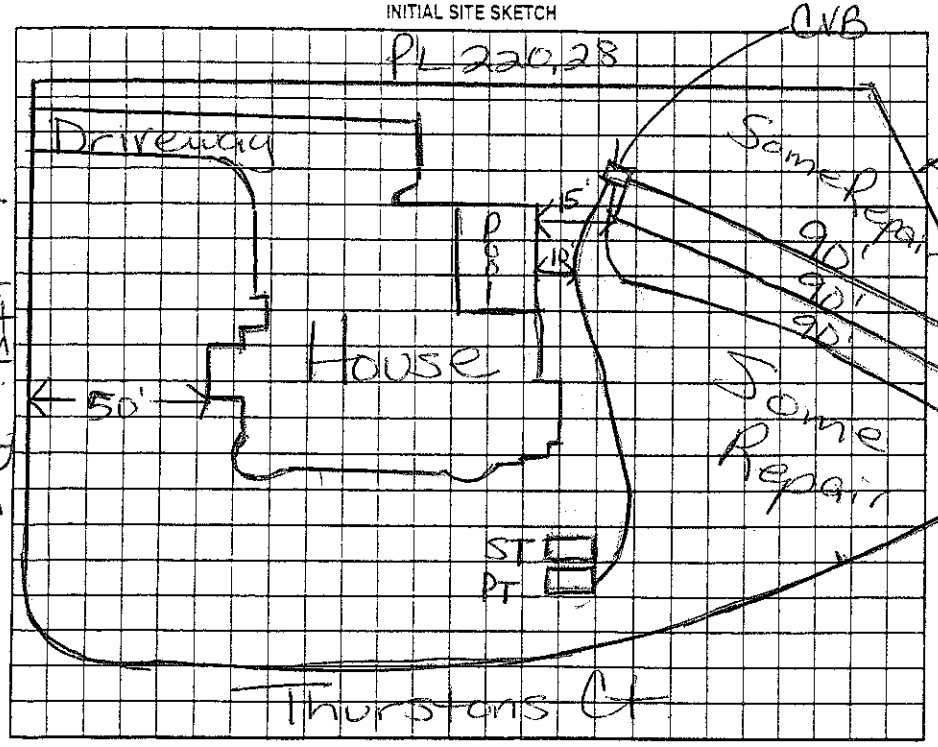
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

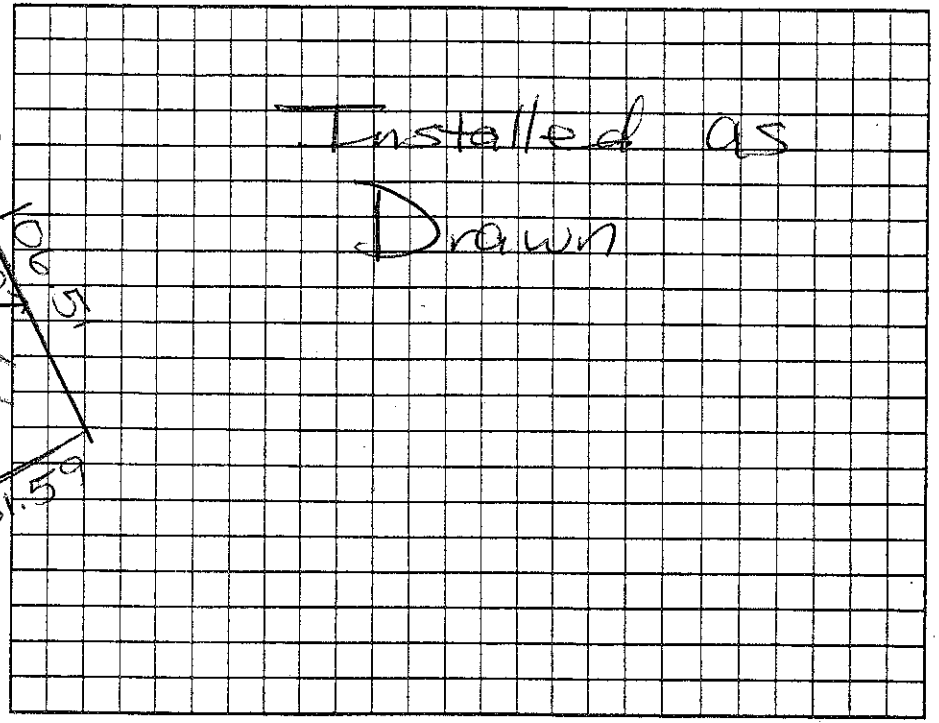
Comments/Conditions: Note: Use trench width specified in Crescent Communities Manuel Scale 1:50

Comments/Conditions: ☒ Must Keep Pool "cut" 15FT From Septic System & 10FT From Supply line 9/28/07 Checked tanks & lines

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: _____ date 9-25-07 Installed by: R&T KS

Improvement Permit by: Maria H. Dotson RS date 9/24/07 Operation Permit by: Maria H. Dotson date 12/11/07

Authorization to Construct by: Maria H. Dotson RS date 9/24/07 Existing System Inspection by: _____ date _____

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