IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101183 PIN# 4625 94 1684 4625612700 DATE 8/12/04

OWNER OR CONTRACTOR Dennt Custom Homes PHONE: Business 663-6905 Home 361-2827

ADDRESS 9606 A Caldwell Cr. Cornelius, NC. 28031

LOCATION P/O TR Heath Land Ln. TR Deacons Pond Ct. ct end on (L) 117 Deacons Pond Ct.

SUBDIVISION Point BLOCK / SECTION 8 LOT 803 LOT AREA 1.283A 55,885 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 12/20/04
Pump Tank: 1000 Gallons; PT 283 Date 12/10/04
Pump Make: Goulds Model WE0312 Serial No. J04L4340
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100 Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth No

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: PM - 25% Reduced
Repair System Description: None
Maintenance Agreement Required: [ ] Yes [X] No

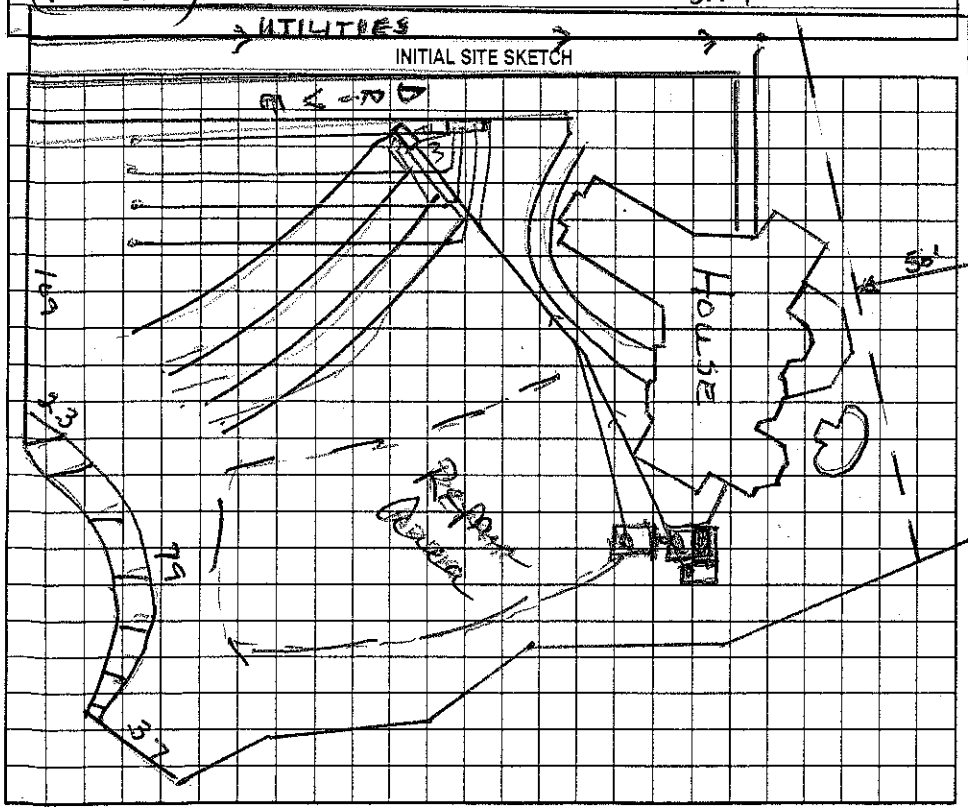
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community Pond

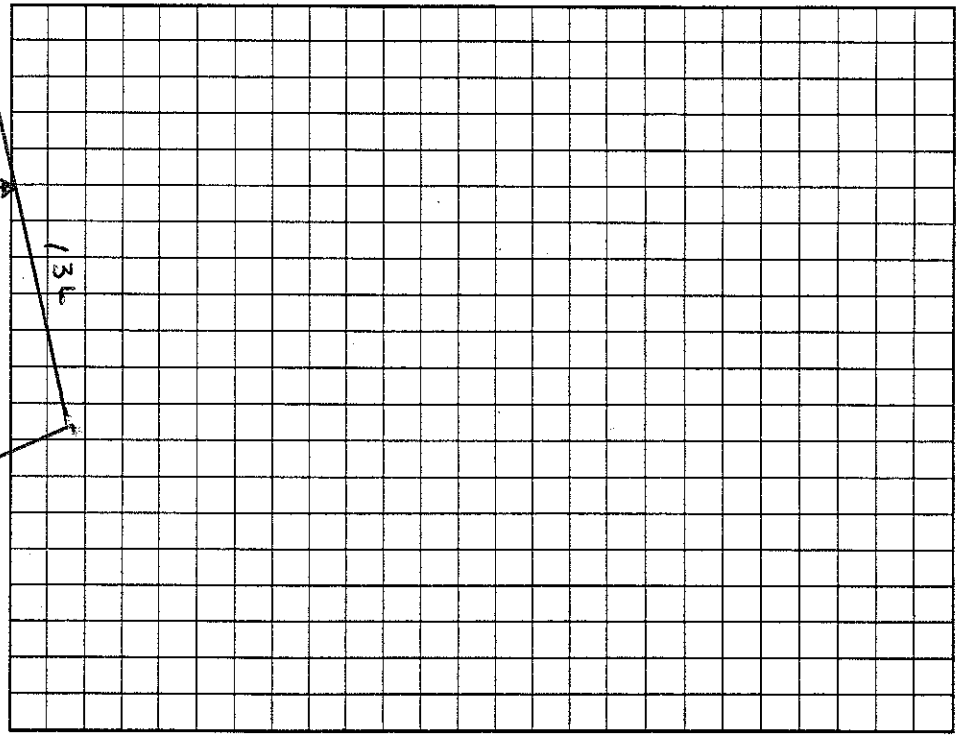
Comments:/Conditions:

Comments:/Conditions: installed design

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: [signature] date 8-12-04 Installed by: Kevin Hallman

Improvement Permit by: Wesley Sparks RS. date 8/12/04 Operation Permit by: Wesley Sparks RS. date 3/16/05

Authorization to Construct by: Wesley Sparks RS date 8/12/04 Existing System Inspection by: date

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