IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 275.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 081384 PIN# ~~4625 74 4664 PF~~ 4625-75-3568 DATE 2/14/05

OWNER OR CONTRACTOR Elrod Custom Homes Inc. PHONE: Business 704-987-5022 Home

ADDRESS 16405-C Northcross Dr Huntersville NC 28078

LOCATION BSR, TR Polaris, TL Jeremy, Rt TR Brick Kiln, TL Union Chapel, TL Wescoe Ct.

SUBDIVISION The Point BLOCK / SECTION 5 LOT 549 LOT AREA 35,130 SITE CLASS. ES DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 338 Date 2/7/05
Pump Tank: 1500 Gallons; PT 477 Date 1/18/05
Pump Make: Cowles Model ~~NEO-512 HH~~ Serial No. L048070
Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335
No Lines 5@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

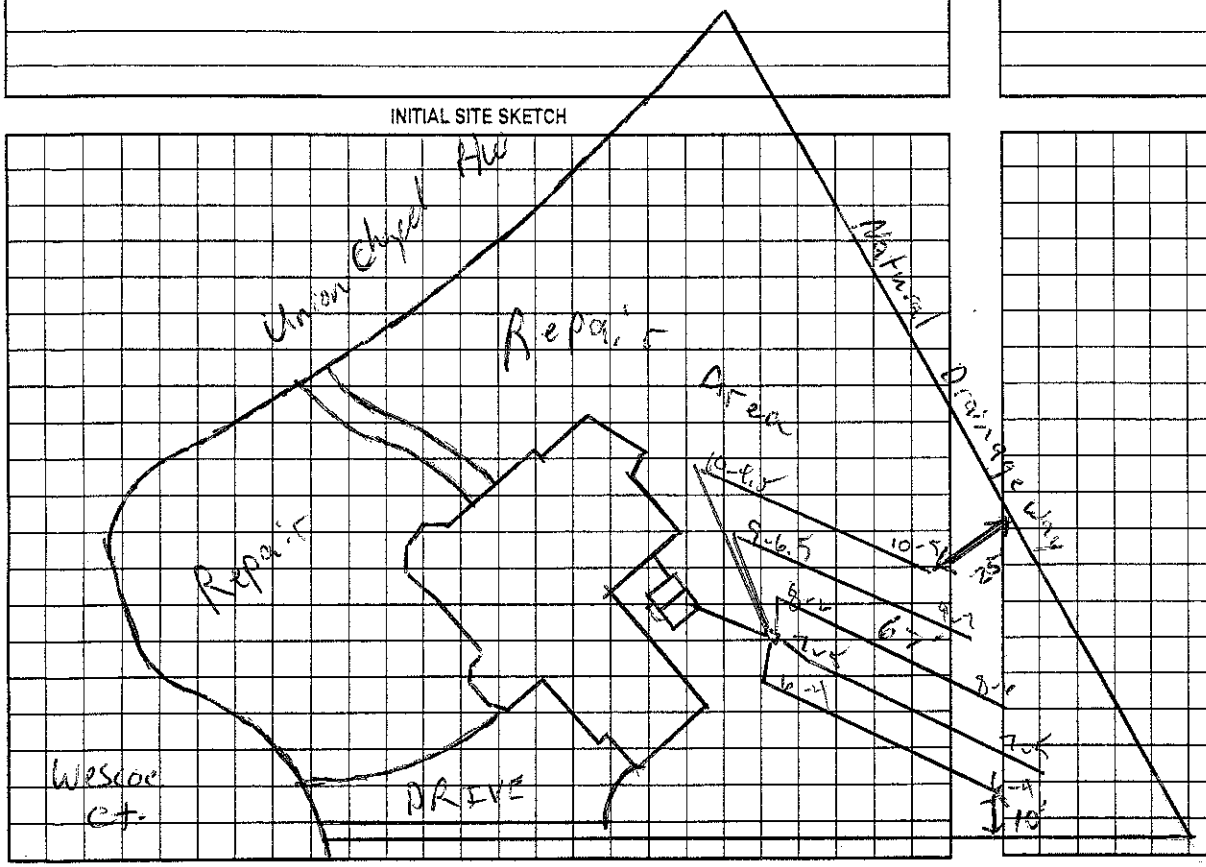
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: Lines, Pressure, Tanks, Pump.

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 4-5-05 Installed by: Callihan Tanks

Improvement Permit by: RS date 2/14/05 Operation Permit by: Wesley Sparks RS date 9/21/05

Authorization to Construct by: RS date 2/14/05 Existing System Inspection by: _____ date _____

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