IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087400. PIN# 4634 99 7521 DATE 2/1/00

OWNER OR CONTRACTOR Michael Scheppler PHONE: Business _____ Home 892-3441

ADDRESS 1944 Coachmans Trace Cornelius, NC. 28031

LOCATION Langtree Rd. TL 2ND Knoxview, 8th lot on (L) past. Castle Ct.

SUBDIVISION KINGS LANDING BLOCK / SECTION _____ LOT 52 LOT AREA .75 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5/28/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet *1200 Linear Feet *400
No Lines 6@67'X3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI
System Description: *CH. PLAS OR HDS/25%RED.
Repair System Description: PRESSURE-Typ3
Maintenance Agreement Required: [ ] Yes [X] No

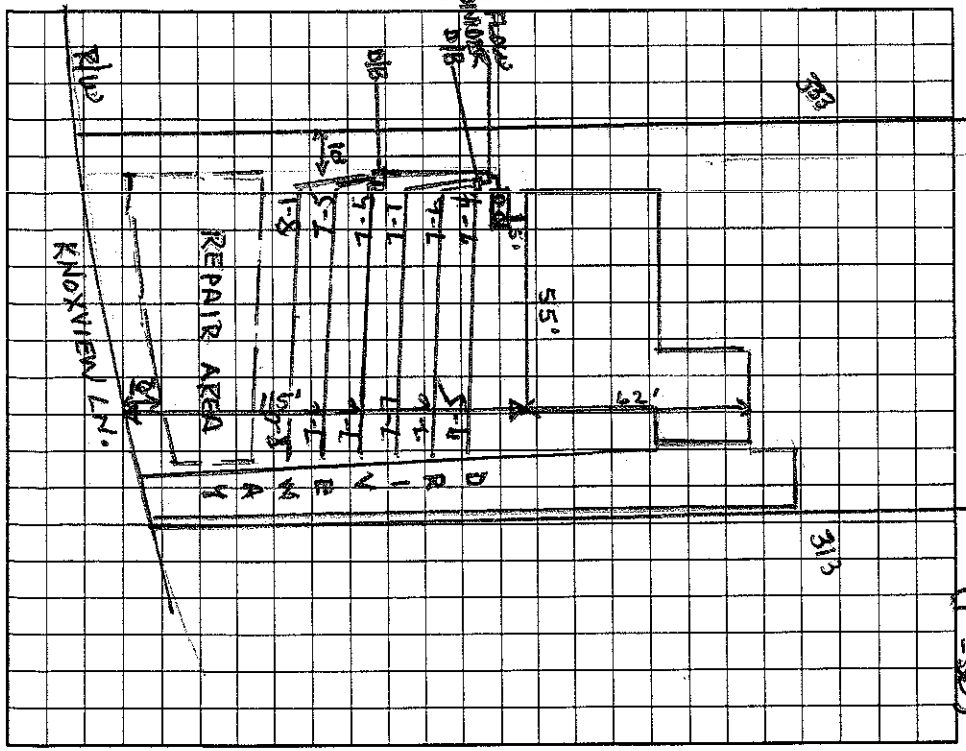
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3.5
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

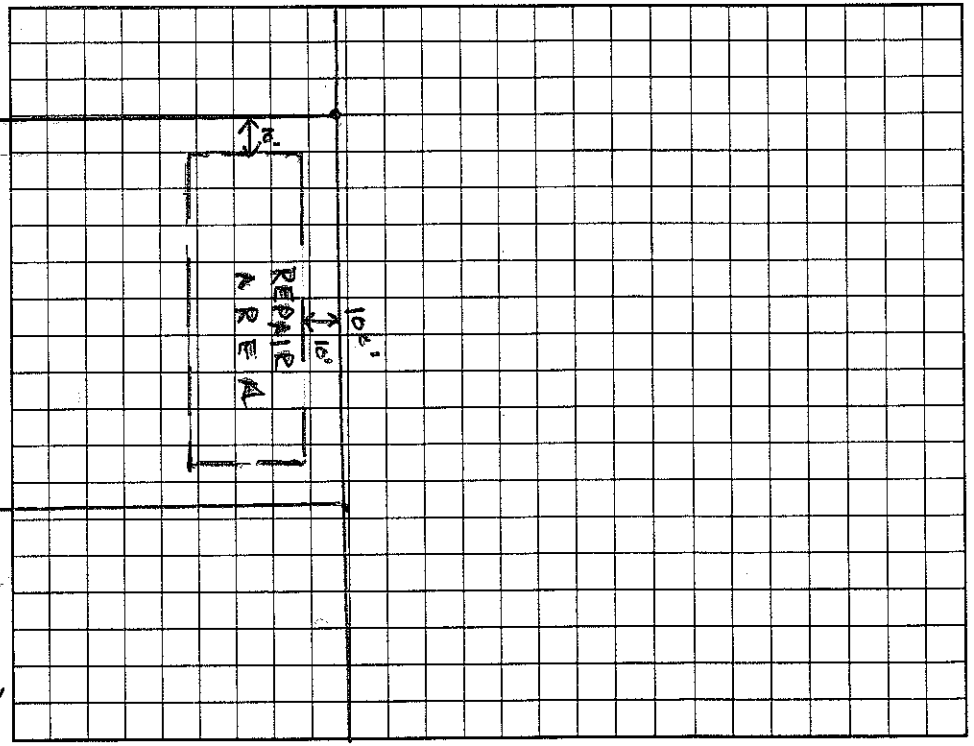
Comments:/Conditions: FLOW DIVIDER AND TWO DIST. BOXES REQUIRED, SPEED LEVELERS AND INSPECTION PORTS REQUIRED.

Comments:/Conditions:

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: * Michael Scheppler date 2-4-00

Improvement Permit by: Wesley Sparks RS. date 2/1/00

Authorization to Construct by: Wesley Sparks RS. date 2/1/00

Installed by: Richard Abernathy

Operation Permit by: Wesley Sparks RS. date 8/18/00

Existing System Inspection by: _____ date _____

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