$ 50 pd. 3120

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073394 PIN# 4625941684 4635-03-7916 DATE June 30, 03

OWNER OR CONTRACTOR Sean Gallagher PHONE: Business _____ Home _____

ADDRESS 1711.5 Windy Oaks Ct. Cornelius N.C. 28031

LOCATION Brawley Sch. Rd. TL The Point DR. to Meeting House to Vineyard TR Edgartown on Right - corner lot

SUBDIVISION The Point BLOCK / SECTION 1A LOT 44 LOT AREA 37,649 ft² SITE CLASS. AS DESIGN FLOW 400 gpd L.T.A.R. .3

Septic Tank: 1000 MIN. Gallons; STB 338 Date 9-6-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LPP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No Initially

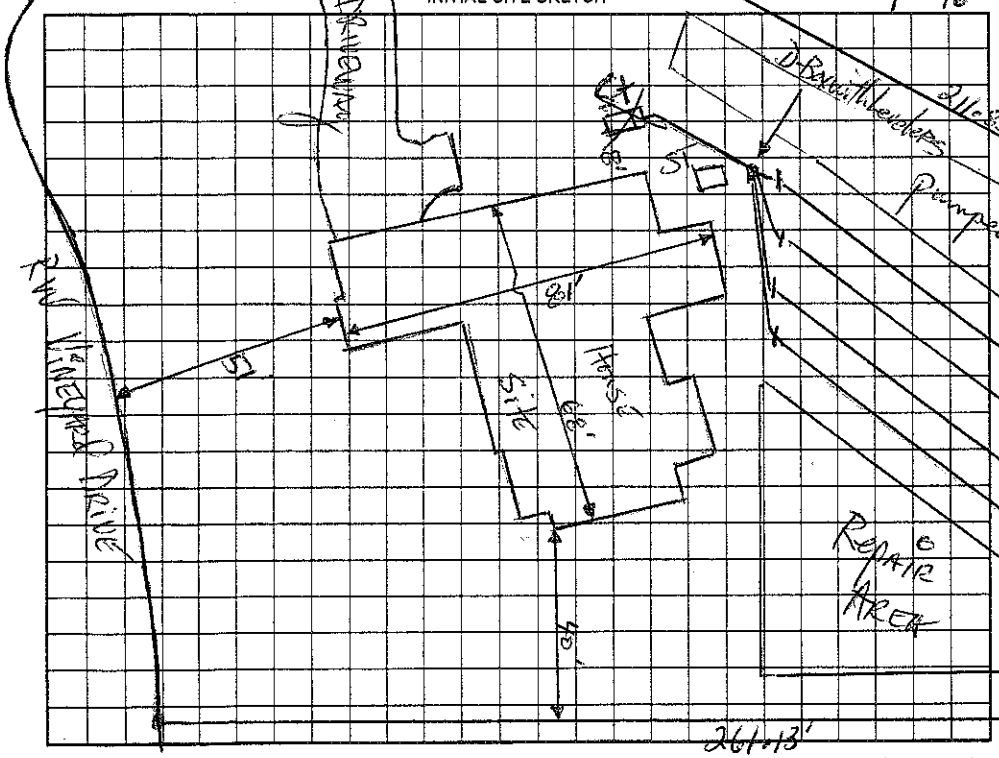
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

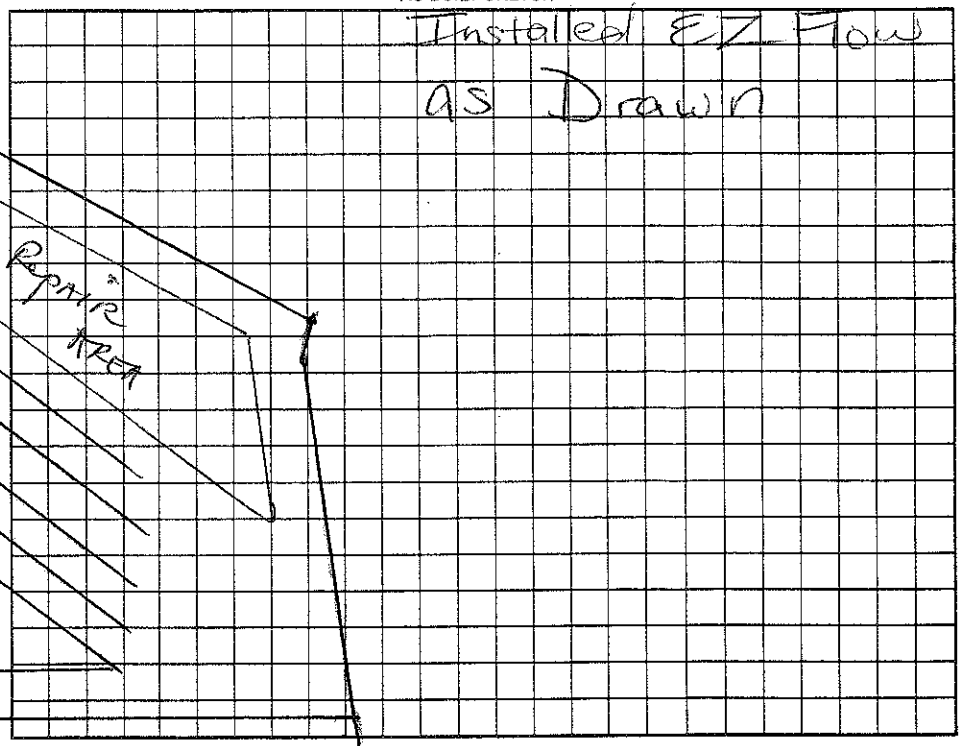
Comments:/Conditions:

Comments:/Conditions: 11/17/03 Checked tanks & lines MD

INITIAL SITE SKETCH 1"=40'



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 6/30/03 Installed by: Richard Abernathy

Improvement Permit by: _____ date 6-30-03 Operation Permit by: Wesley Sparks R.S. date 11/18/03

Authorization to Construct by: _____ date 6-30-03 Existing System Inspection by: _____ date _____

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