IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124565 PIN# 4636-83-0101 DATE 12/9/04

OWNER OR CONTRACTOR Howard Gutzeit PHONE: Business _____ Home 704 896-9555

ADDRESS 19601 Weavers Circle Cornelius NC 28031

LOCATION BSR, TL Canvasback TR Spring Run on Lt.

SUBDIVISION Leaf Trent BLOCK / SECTION _____ LOT 9 LOT AREA 0.52AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity & Conventional

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

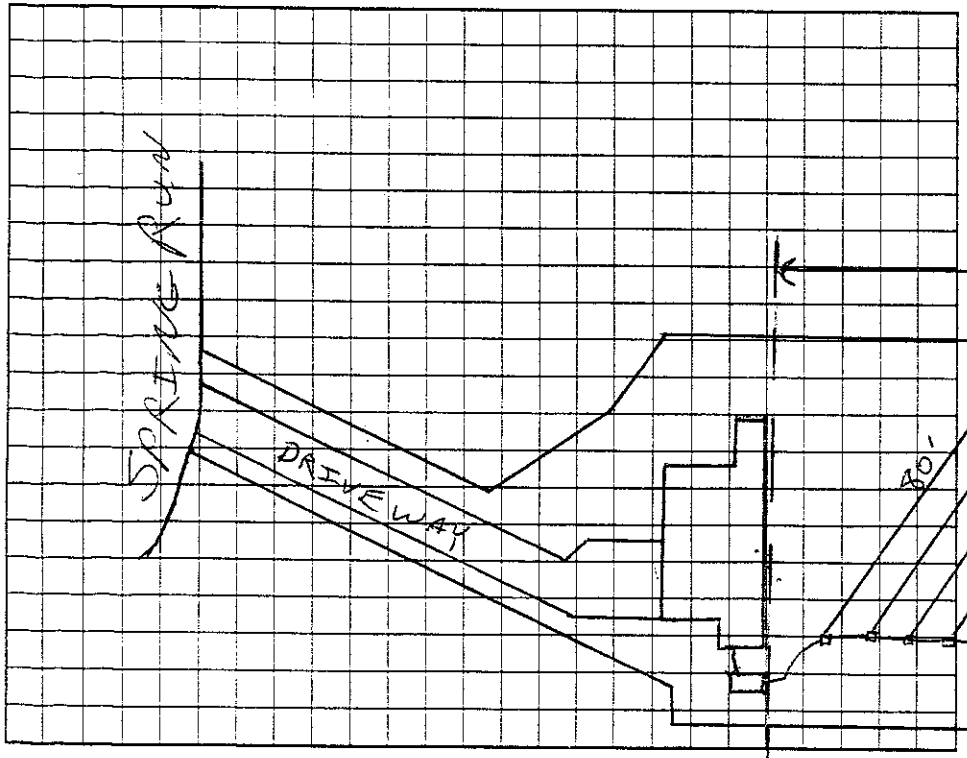
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Not enough Area outside of Right of Way For septic System. System and Repair must go in Right of Way 1"=50'

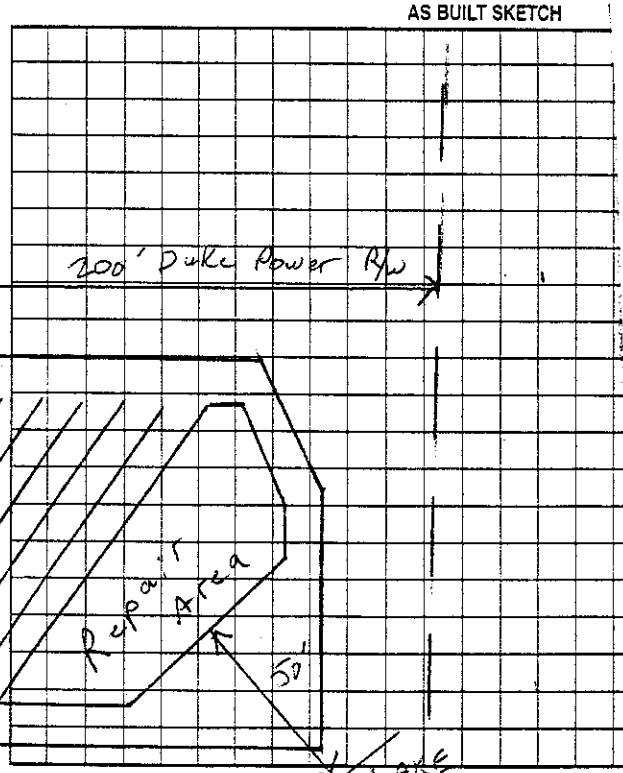
Comments:/Conditions: Do not Issue AC without Duke Power approval.

Improvement Permit Only - Do not Issue Building Permit

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: Howard Gutzeit date 12/09/04 Installed by: _____

Improvement Permit by: _____ date 12/9/04 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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