IREDELL COUNTY HEALTH DEPARTMENT

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

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

12500 Sq. Ft. (1:30) E

PERMIT# 102304 ZO PIN# 4636840361 (Builder) Mobile DATE 9/6/2001

OWNER OR CONTRACTOR T. Whelan Homes / Clyde Hargrett PHONE: Business 406-8932 Home

ADDRESS 20609 Autumn Breeze Cornelius, NC 28031

LOCATION Brawley School Rd TL Canvasback TR Spring Run ~.4 miles on right

SUBDIVISION Mallard Head BLOCK / SECTION 1 LOT 117 LOT AREA .46 Acre SITE CLASS PS DESIGN FLOW 360gpd T.A.R. .30

Septic Tank: 1000 Gallons; STB 794 Date 10-27-01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump/Grav. Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

[ ] Other ____

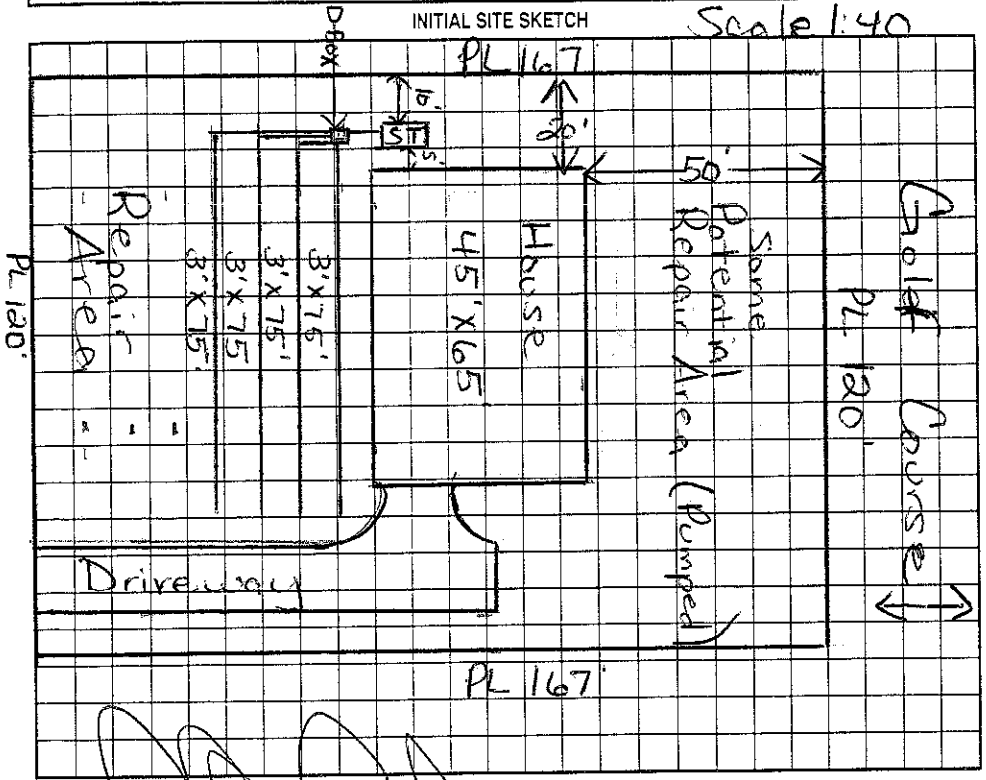
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: Keep Septic System at least 10' from PL & at least 5' from House

Comments:/Conditions: Installed fitter & Speed levelers. Grey fitter

INITIAL SITE SKETCH Scale 1:40



AS BUILT SKETCH

Installed 4 Plastic Chamber as drawn.

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: X ____ date 9-6-01 Installed by: Larry Beam Grading

Improvement Permit by: Maria H. H. Dotson RS date 9/6/2001 Operation Permit by: Maria H. H. Dotson RS date 12/4/2001

Authorization to Construct by: Maria H. H. Dotson RS date 9/6/2001 Existing System Inspection by: ____ date ____

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