IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 112066 PIN# ~~4636-95-5388-3~~ 4636952606 DATE 5/19/03

OWNER OR CONTRACTOR Tegland-Brown Const. PHONE: Business 704-895-9652 Home

ADDRESS 7502 Wind River Dr. Cornelius NC 28031

LOCATION Brantley Rd, TL Canvasback, TL Mandarin, 3rd on Rt

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 3 LOT AREA 0.69 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. O-J

Septic Tank: 1000 Gallons; STB 312 Date 3-2-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

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

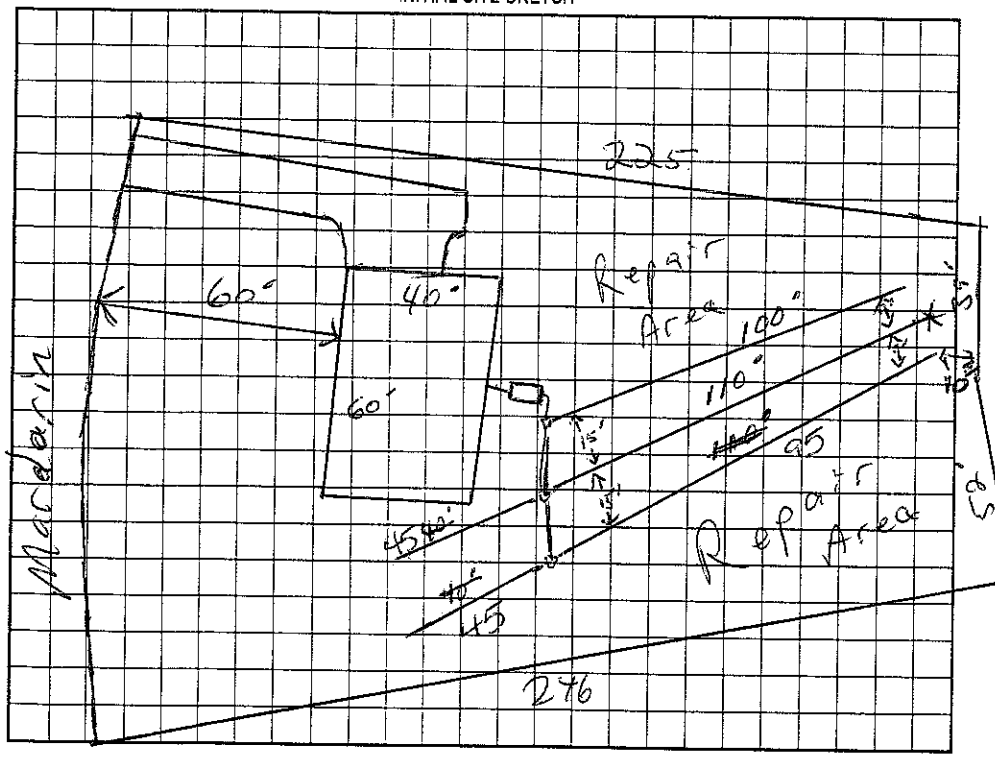
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

1" = 50'

Comments:/Conditions: ~~*~~ Note: Hit cable line. Could not make next trench longer.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Plastic Chambers for Drainfield essentially 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: [signature] date 5/20/03

Improvement Permit by: [signature] RS date 5/19/03

Authorization to Construct by: [signature] RS date 5/19/03

Installed by: Richard Abernathy RS

Operation Permit by: [signature] date 11/21/03

Existing System Inspection by: date

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