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

IREDELL COUNTY HEA[LTH DEP]ARTMENT
IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

DATE 10-8-04

PERMIT# 112071 PIN# 4636953485 PHONE: Business 704 895 8045 Home 895-9652

OWNER OR CONTRACTOR Tegland - Brown Construction Cornelius NC 28031

ADDRESS 19550 Weavers Circle

LOCATION Bowden School Rd TL Canvasback TL Mandarin 4th on right

SUBDIVISION Woodland Hill BLOCK / SECTION 10 LOT 5 LOT AREA .69 Acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 2/24/05

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

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

No Lines 5 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: Pump - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ___

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ___

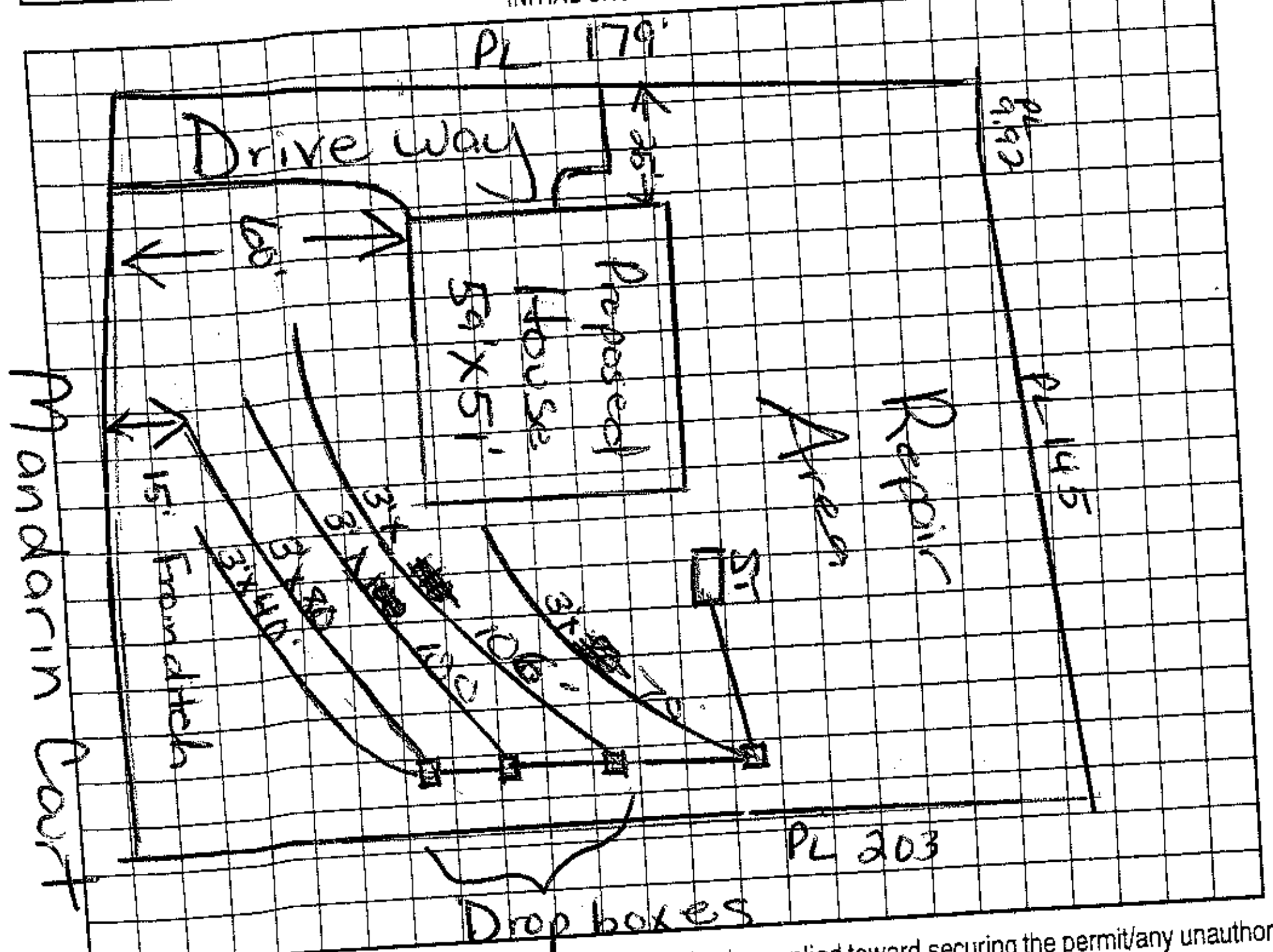
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions: Keep Septic System at least 10' from PL & 15' from ditch.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Infiltrators Installed

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: Mike Tegland date 10/11/04 Installed by: Abernathy

[Improveme]nt Permit by: [signature] RS date 10/8/04 Operation Permit by: [signature] RS date 4/5/05

[Authorizati]on to Construct by: [signature] RS date 10/8/04 Existing System Inspection by: ___ date ___

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