IREDELL COUNTY HEALTH DEPARTMENT

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

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

$125 3:00

PERMIT# 101874 PIN# 4638077569 DATE 8/22/2001

OWNER OR CONTRACTOR Nicole Godsby PHONE: Business 895-8479 Home (704) 634-1488

ADDRESS 9000 Mapledale Ct. Cornelius, NC 28031

LOCATION Perth Rd N. TL Fern Hill Rd past Broadview Loop (1st) on left

SUBDIVISION Broadview BLOCK / SECTION ____ LOT 8 LOT AREA .78Acre SITE CLASS. BS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 8/27/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1260' Linear Feet 460'

No Lines 4@100' Trench Width 24-36" 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: Pump- Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

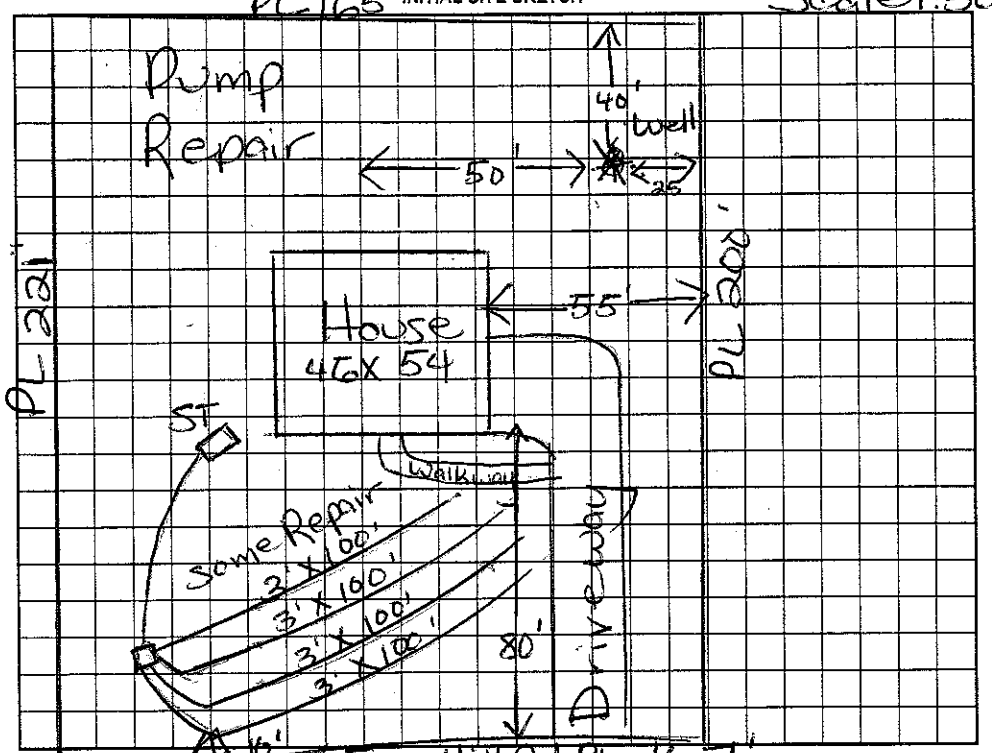
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 50-100' From any well

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

E-2 Flow 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: Nicole R. Godsby date 8/23/01 Installed by: Statesville Backhoe

Improvement Permit by: Maria H. Dotson BS date 8/23/2001 Operation Permit by: [signature] BS date 11/2/01

Authorization to Construct by: Maria H. Dotson BS date 8/23/2001 Existing System Inspection by: ____ date ____

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