IREDELL COUNTY HEALTH DEPARTMENT

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

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

1300 + 8:19 2:00 - 2:30

PERMIT# 11376 PIN# 4638442594 DATE 3-23-04

OWNER OR CONTRACTOR Dan Coulter PHONE: Business 453-5848 Home 549-5596

ADDRESS 2562 Crescent View Dr Charlotte, NC 28269

LOCATION Hwy 150 TR Perth Rd TL Normandy Rd ½ mile on left

SUBDIVISION Lake Norman Airpk BLOCK / SECTION ____ LOT 24 LOT AREA 1.2 Acres SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .3 to .25

Septic Tank: 1000 Gallons; STB 1007 Date 9-17-04

Pump Tank: 1000 Gallons; PT 274 Date 9-16-04

Pump Make: ____ Model ____ Serial No. 300

Nitrification Field: No Fields 1 Square Feet 900 ~~1200~~ Linear Feet ~~400~~

No Lines 3 @ 100' 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: Pump - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms ~~3~~ 4

[ ] Mobile Home No. Bathrooms ~~2~~ 2.5

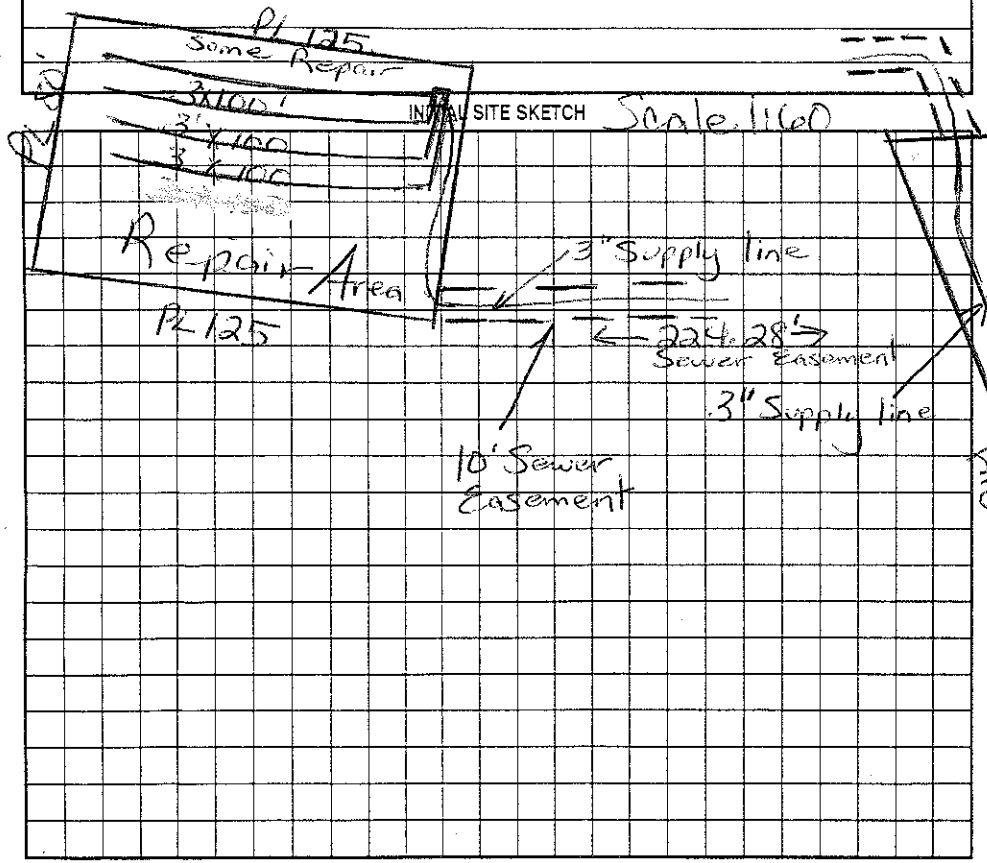
[ ] Business No. Employees ____

[ ] Other ____

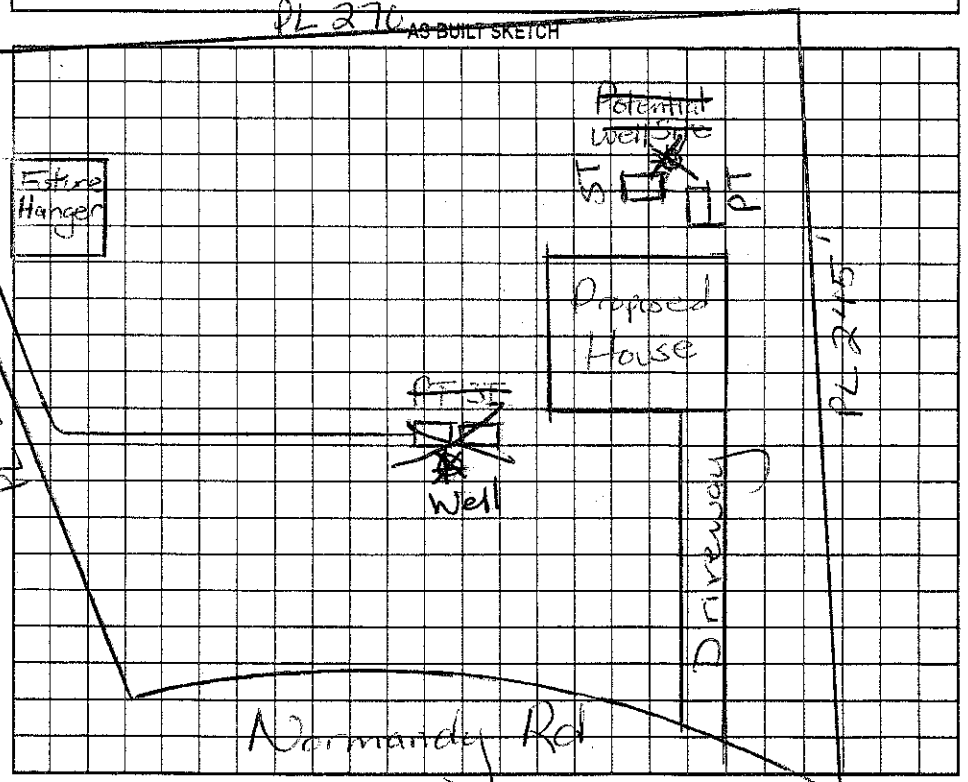
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: Scale 1:60



Comments:/Conditions: X 11-1-04 Changed from 4 Bedroom to 3 Bedroom. Installed Plastic Chambers As Drawn. 11/9/04 Switched tanks & well location.



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: ____ date 3/24/04 Installed by: Wayne Clontz RS

Improvement Permit by: Maria H. Dotson RS date 3/23/04 Operation Permit by: Maria H. Dotson date 12/17/04

Authorization to Construct by: Maria H. Dotson RS date 3/23/04 Existing System Inspection by: ____ date ____

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