1:30-2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088785 PIN# ~~4638 63 1766~~ 4638-63-1946 DATE 4/18/00

OWNER OR CONTRACTOR Patrick A. Daskins PHONE: Business _____ Home 896-8273

ADDRESS 8900 Magnolia Est. Dr. Cornelius, NC. 28031

LOCATION 150W TR Perth Rd. TL Normandy TL Hughes Ln. 2ND lot on (L)

SUBDIVISION LN Airpark BLOCK / SECTION 5 LOT 480 LOT AREA 1.51 AC SITE CLASS. 2.5 DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 7-11-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
No Lines 4@115'x3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI
System Description: GRAV CONVENTIONAL
Repair System Description: GRAV CH. or HDS
Maintenance Agreement Required: [ ] Yes [X] No

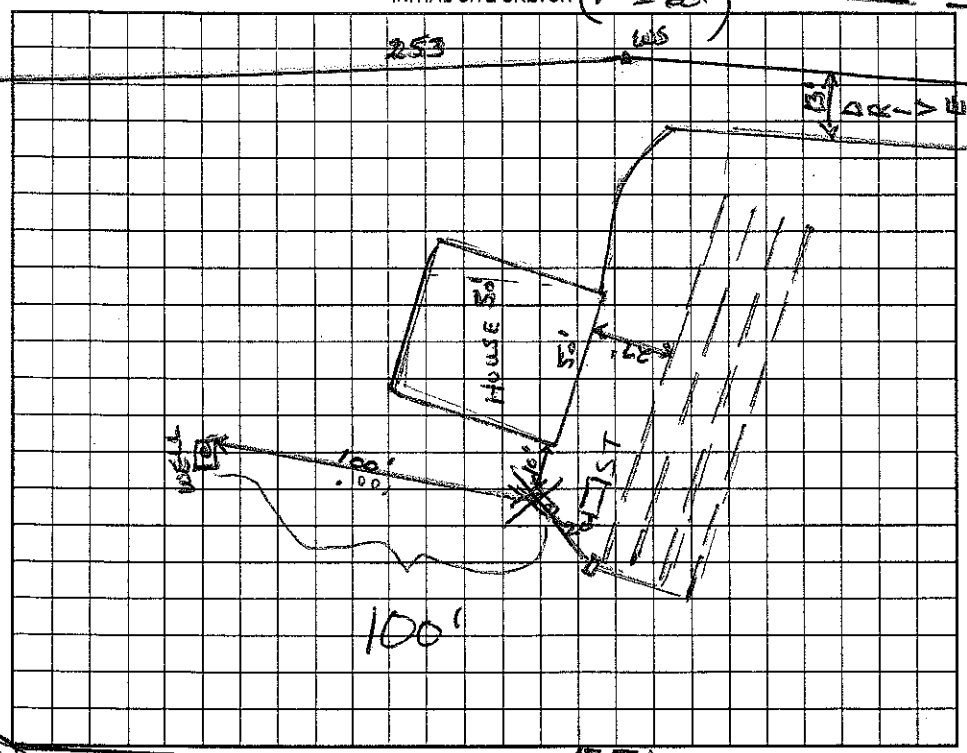
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

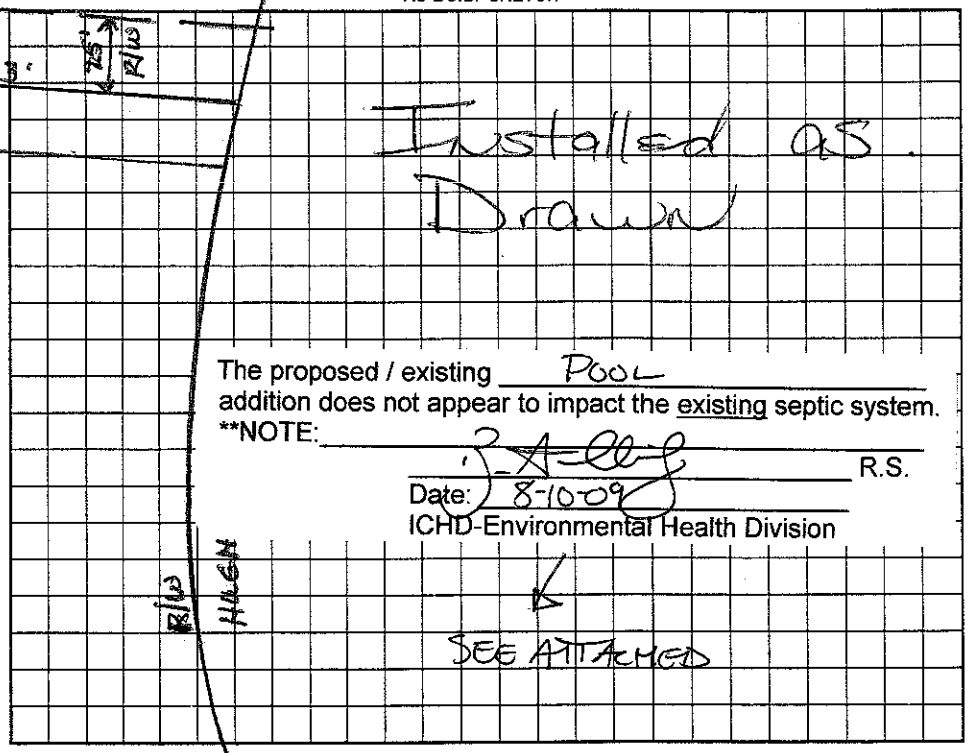
Comments:/Conditions:

Comments:/Conditions: Grey filter installed & riser.

INITIAL SITE SKETCH (1" = 60')



AS BUILT SKETCH



The proposed / existing POOL addition does not appear to impact the existing septic system.
**NOTE: _____
_____ R.S.
Date: 8-10-09
ICHD-Environmental Health Division

SEE ATTACHED

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 Patrick A. Daskins date 7/18/2000 Installed by: Atlantic Grading

Improvement Permit by: Wesley Sparks R.S. date 4/18/00 Operation Permit by: Mark H. Dolan R.S. date 11/2/2000

Authorization to Construct by: Wesley Sparks R.S. date 4/18/00 Existing System Inspection by: _____ date _____

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