[illegible] COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092558 PIN# 4638 63 7982 DATE 11/9/00

OWNER OR CONTRACTOR David Bell PHONE: Business 892-6556 Home

ADDRESS 19300 Statesville Rd. Cornelius, NC. 28031

LOCATION 150 W, (R) Perth (L) on Normandy, on (R) just before Bay Point Lane

SUBDIVISION Dunn Bay BLOCK / SECTION 1 LOT 4 LOT AREA .92 AC SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 355 Date 7/26/00

Pump Tank: 1500 Gallons; PT 99 Date 6/15/97

Pump Make: HYDROMATIC Model WEO-100 Serial No. 9101

Nitrification Field: No Fields 1 Square Feet 999 * Linear Feet 333 *

No Lines 3@111' Trench Width 3' Max Trench Bottom Depth 3' ~~Gravel Depth~~ SAND.

[X] New System [ ] Repair System Type: I, II, III, (IV) V, VI

System Description: LPD distribution - 16" PPBS

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 5

[ ] Mobile Home No. Bathrooms 4.5

[ ] Business No. Employees

[ ] Other

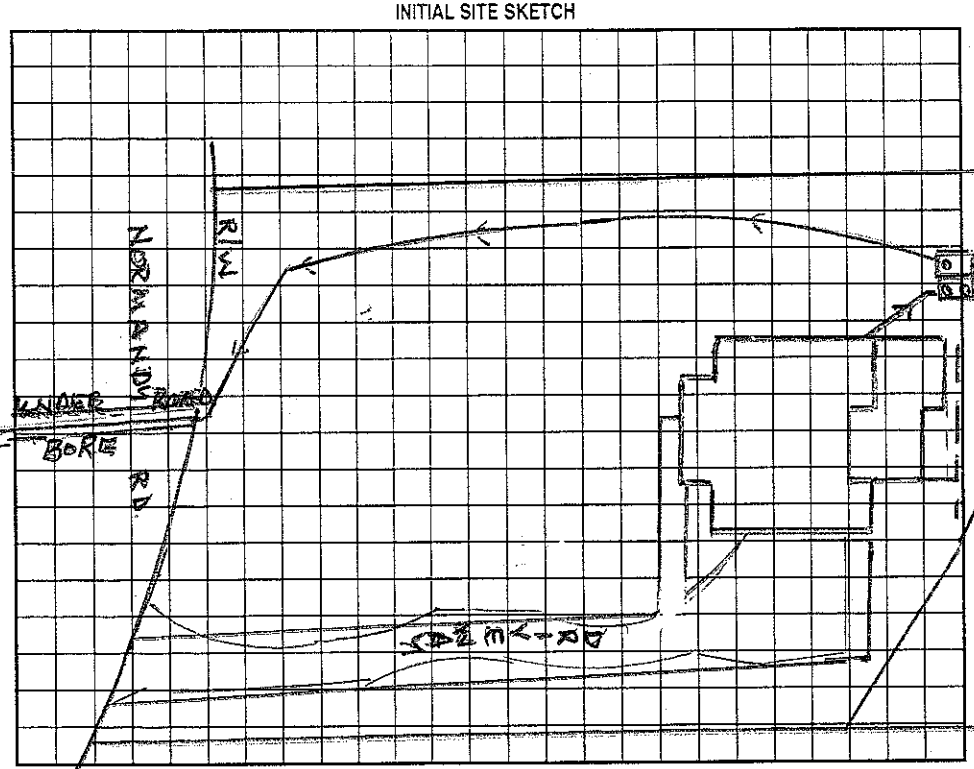
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

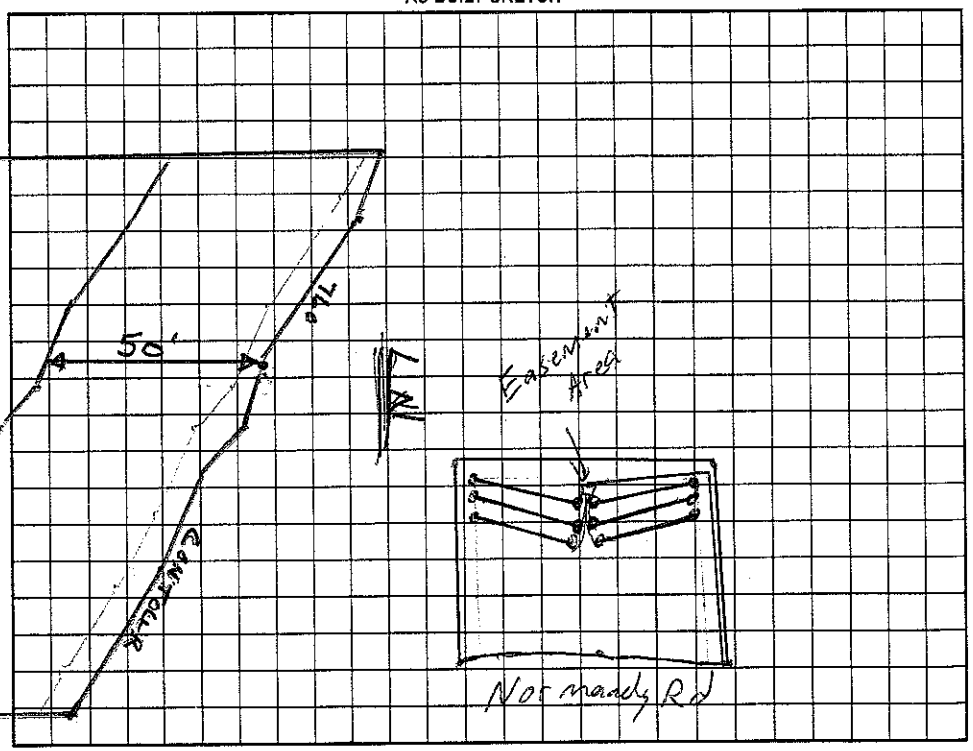
Comments:/Conditions: *Maintenance Contract Required *

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 11/13/00

Improvement Permit by: Wesley Sparks RS. date 11/9/00

Authorization to Construct by: Wesley Sparks RS date 11/9/00

Installed by: MacLeod

Operation Permit by: Wesley Sparks RS date 10/8/01

Existing System Inspection by: date

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