IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136502 PIN# 4639420136.028 Adolfo Leri 4639-32-5553 DATE 5-14-07

OWNER OR APPLICANT Copperstone Builders Inc PHONE: Business 361-7200 Home

ADDRESS 1815 W. Catawba Ave Cornelius, NC 28031

LOCATION Perth Rd N to Fern Hill Rd to Blue Ridge Trail on right

SUBDIVISION Woodleaf BLOCK / SECTION LOT 28 LOT AREA .896 Acre SITE CLASS. PS DESIGN FLOW 1480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 7-13-07

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

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

No Lines: 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity -25% Reduction

Repair System Description: LP + DPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

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

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

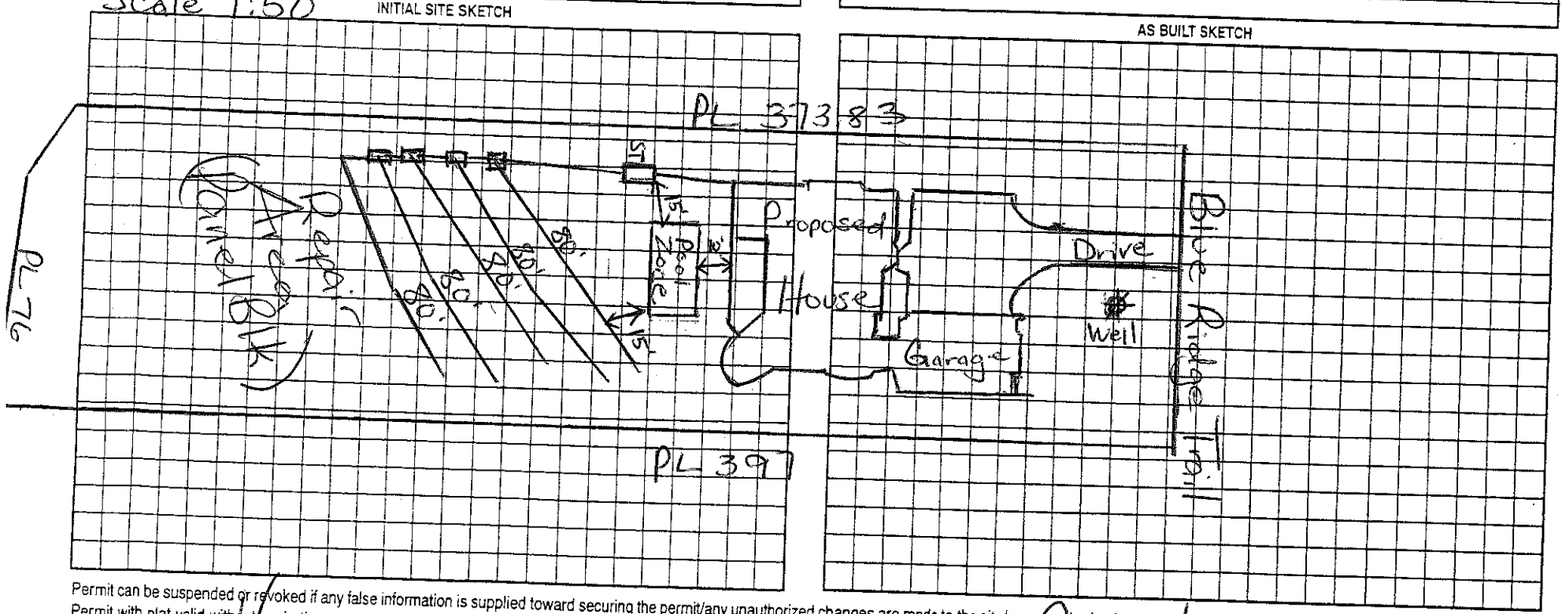
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Must pool at least 15ft From Septic System

Comments:/Conditions: Installed Quick 4 as Drawn

Scale 1:50 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:

Improvement Permit by: Maina M. Nelson RS date 5/14/07

Authorization to Construct by: Maina M. Nelson RS date 5/14/07

Installed by:

Operation Permit by: Maina M. Nelson RS date 9/21/07

Existing System Inspection by: date

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