IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115138 PIN# 4639561347 DATE 9/9/03

OWNER OR CONTRACTOR T. Whelan Homes Inc PHONE: Business 400-8932 Home

ADDRESS 20609 Autumn Breeze Ct Cornelius NC 28031

LOCATION Hwy 150 West TR Perth Rd TL Fern Hill TR Tennessee lot on right

SUBDIVISION Northwood BLOCK / SECTION 1 LOT 2 LOT AREA .83 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 312 Date 2/2/04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5 Trench Width 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: Gravity - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees

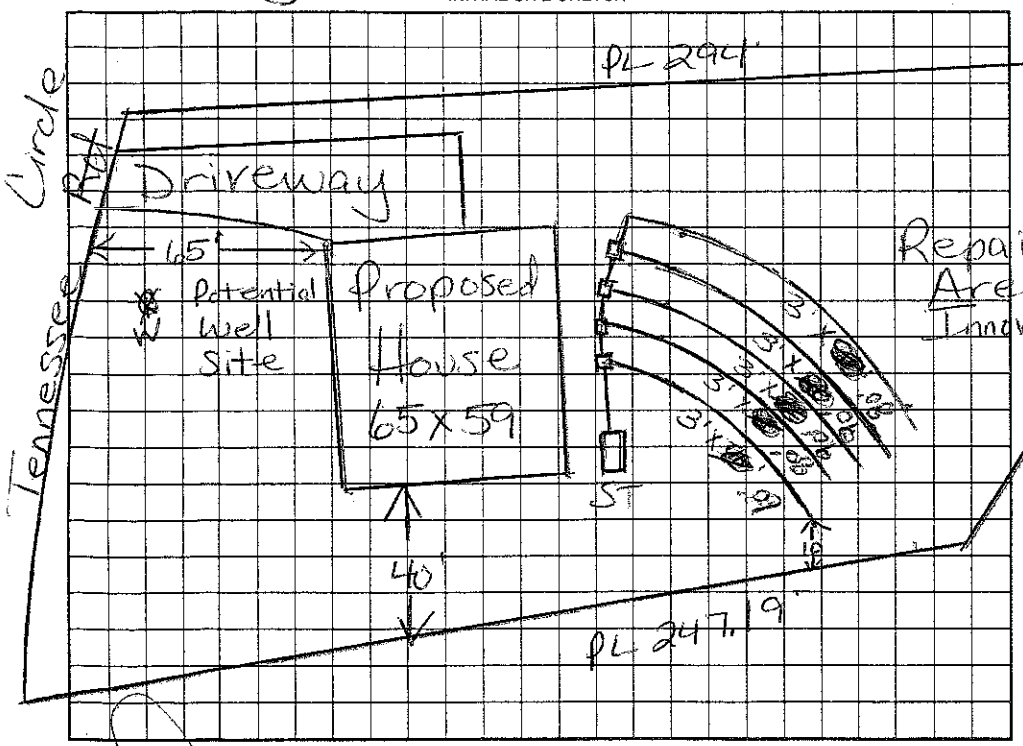
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 100' From any well. Note: Keep well at least 50' From Side property line.

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: date Installed by: Larry Beam

Improvement Permit by: Maria H. Dotson RS date 9/9/03 Operation Permit by: RS date 3/6/04

Authorization to Construct by: Maria H. Dotson RS date 9/9/03 Existing System Inspection by: date

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