2:00-2:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528

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

PERMIT# 73550 PIN# 4639597303 DATE 8/20/99

OWNER OR CONTRACTOR Northwood Group PHONE: Business ______ Home ______

ADDRESS 19701-A Hwy 73 Cornelius NC 28031

LOCATION Neel Farm from Perth On Lt past powerline R/W

SUBDIVISION Northwood BLOCK / SECTION 2 LOT 12 LOT AREA 2 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 11/8/99
Pump Tank: ______ Gallons; PT 274 Date ______
Pump Make: L9945070 Model 1/3 HP Serial No. ______
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 @ 75' 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: Pump 25% reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

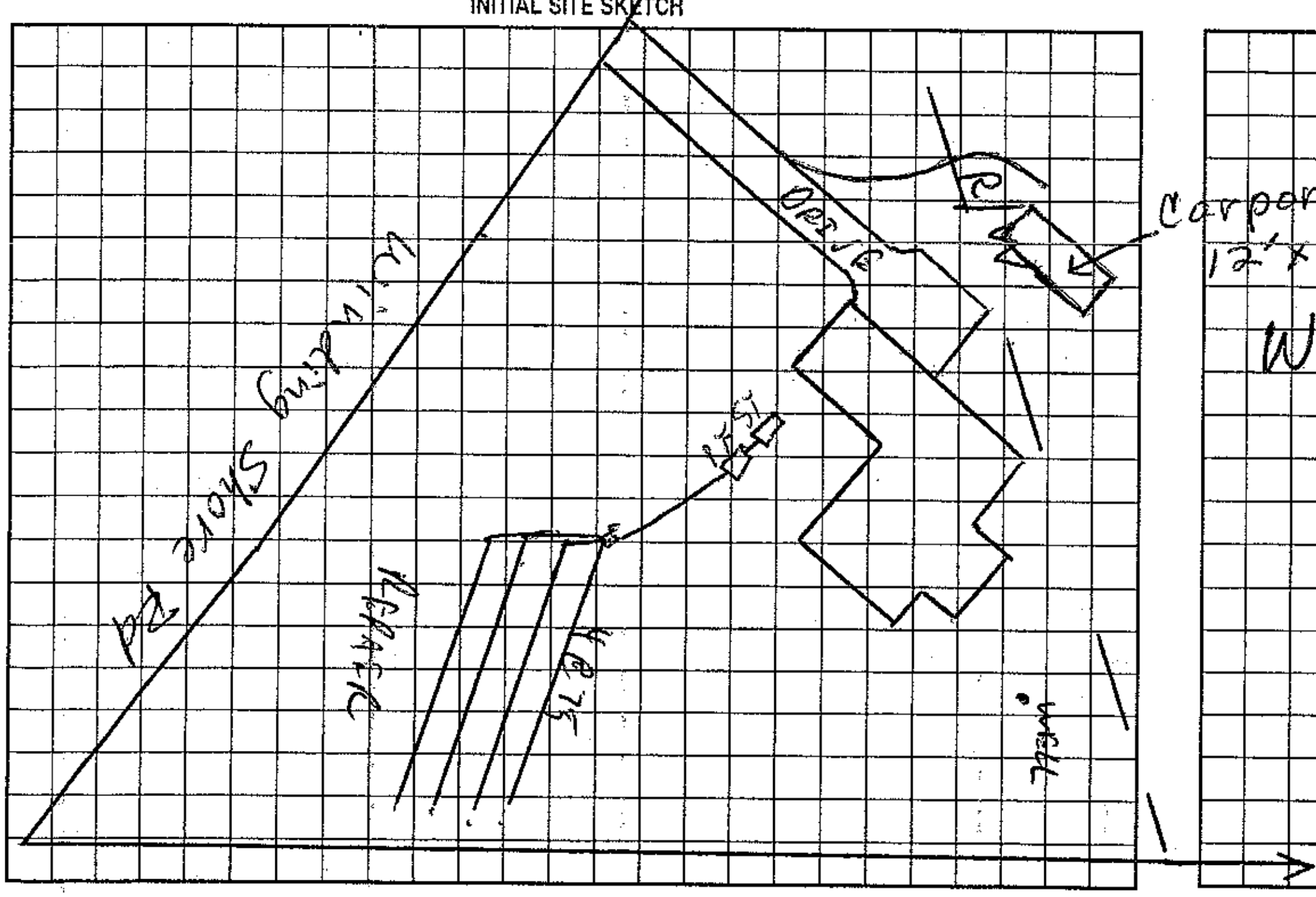
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

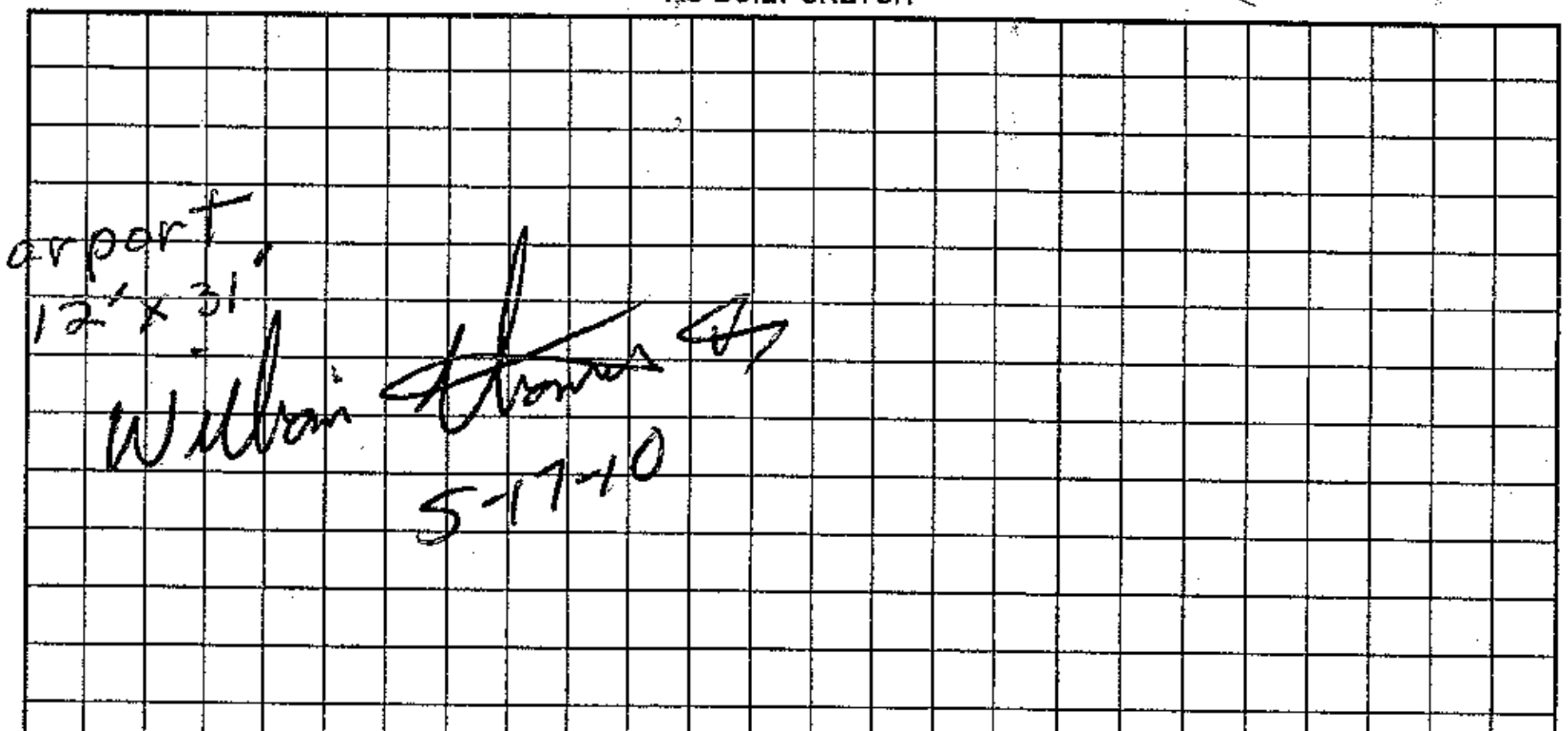
Comments:/Conditions:
1" = 60'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / ~~existing~~ Carport addition does not appear to impact the existing septic system.
**NOTE: See e-mail from Duke concerning R/W
REHS
Date: 5-17-10
ICHD-Environmental Health Division

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 8-20-99 Installed by: Donald Lackey
Improvement Permit by: ______ RS date 8/20/99 Operation Permit by: ______ RS date 3/14/00
Authorization to Construct by: ______ RS date 8/20/99 Existing System Inspection by: ______ date ______

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