IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122554 PIN# 4639-64-0340.050 DATE 3/22/07

OWNER OR APPLICANT Anaheim Homes PHONE: Business _____ Home _____

ADDRESS PO Box 610, Cornelius NC 28031

LOCATION Lot 30 Fern Hill TL into Northgate Woods Dr. TL Waterbury Dr. on Right

SUBDIVISION Northgate Woods BLOCK / SECTION _____ LOT 30 LOT AREA 1.35 Acre SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. .5

Septic Tank: 1000 Gallons: STB 1012 Date 9-12-06

Pump Tank: 1000 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36

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

System Description: Gravity - 25% Reduction

Repair System Description: Low Pressure Pipe

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth _____ ☐ Gravity ☑ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

No. Bedrooms 4 No. Persons _____ No. Employees _____

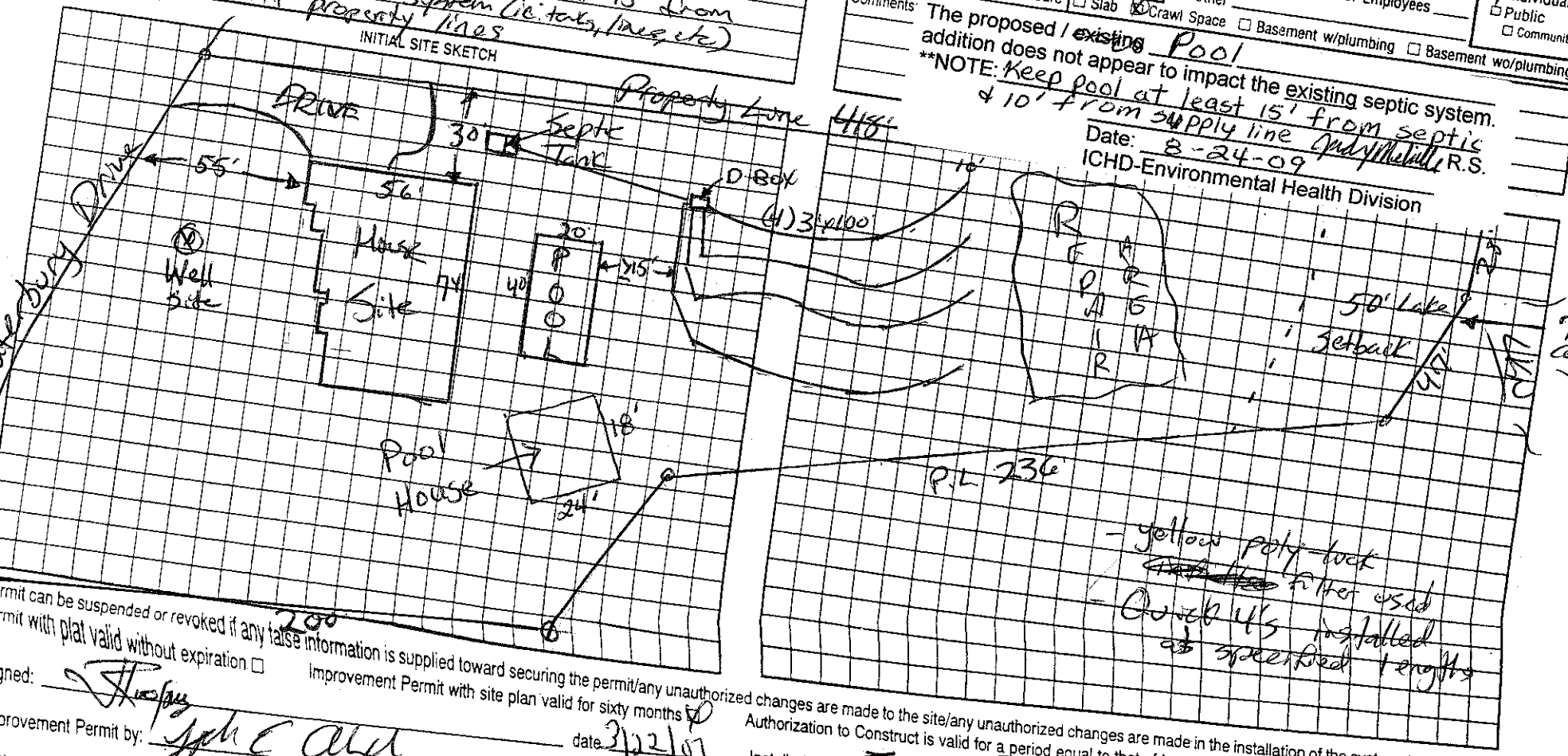
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 1) Install Lines on contour
2) Pool cut to be a MINIMUM of 15' from any and all parts of system (i.e. tanks, lines, etc)
3) Stay 10' off property lines

Comments: The proposed / ~~existing~~ Pool addition does not appear to impact the existing septic system.
**NOTE: Keep pool at least 15' from septic & 10' from supply line

Date: 8-24-09 ICHD-Environmental Health Division R.S.

INITIAL SITE SKETCH



rmit 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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

gned: _____

☐ Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑

Installed by: Tommy Frye

provement Permit by: _____ date 3/22/07

Operation Permit by: _____ date 3/27/07

thorization to Construct by: _____ date 3/22/07

Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122554 PIN# 4659-64-0340.050

OWNER OR APPLICANT Anaheim Homes PHONE: Business Home DATE 3/22/07

ADDRESS PO Box 460, Cornelius NC 28031

LOCATION Arch Rd (W), TL Fern Hill, TL into Northington Woods Dr, TL Underbury Dr on Right

SUBDIVISION Northington Woods BLOCK / SECTION LOT 30 LOT AREA 1.35 Acre SITE CLASS. PtS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 9-12-06

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36

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

System Description: Gravity - 25% Reduction

Repair System Description: Low Pressure Pipe

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

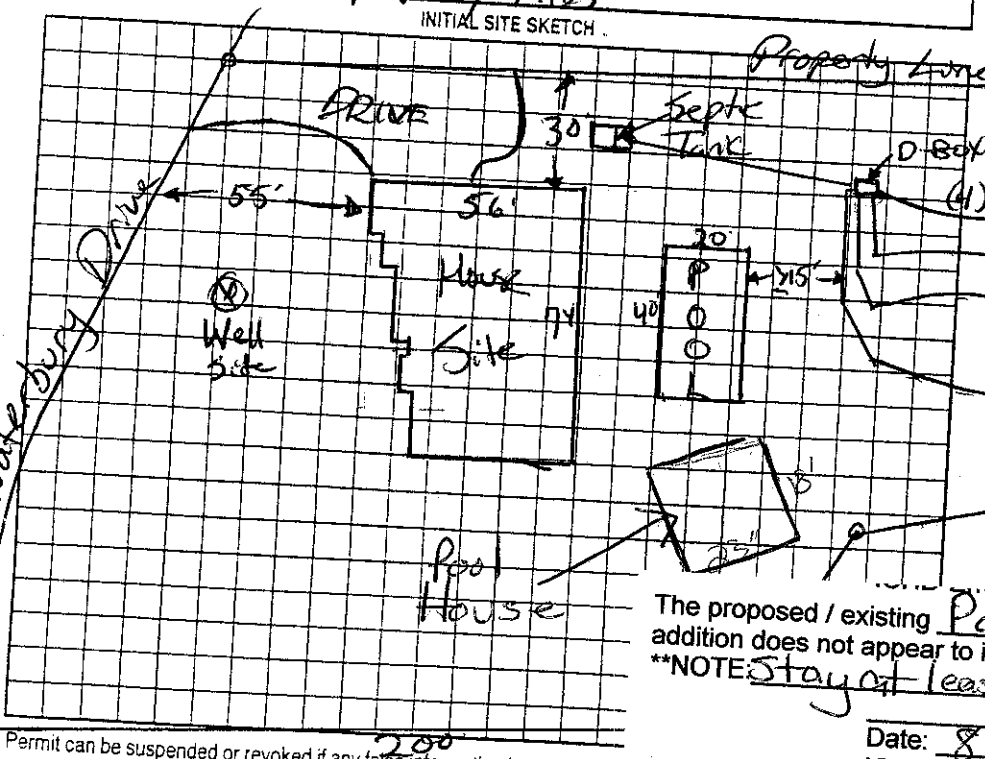
No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

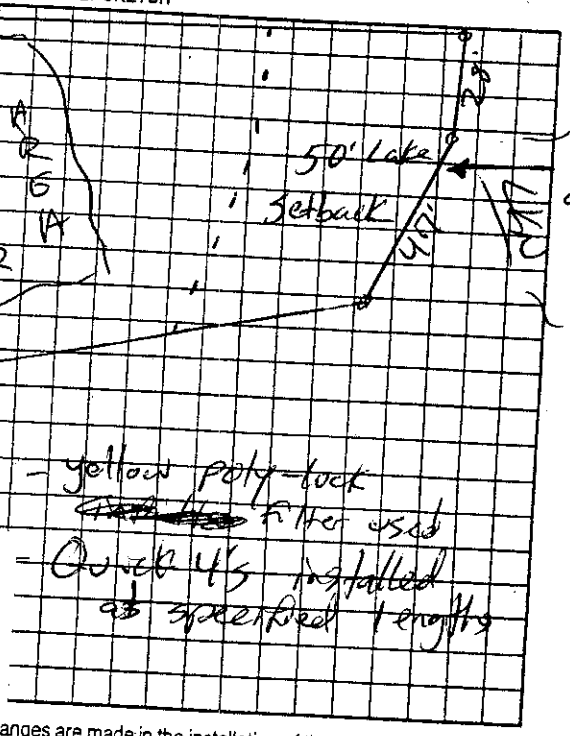
Comments/Conditions: 1) Install Lines on contour
2) Pool cut to be a MINIMUM of 15' from any and all parts of septic system (ie tanks, lines, etc)
3) Stay 10' off property lines

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Pool House addition does not appear to impact the existing septic system.

**NOTE: Stay at least 10ft from PL

Date: 8/24/07 R.S.

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: Tammy Frye

Improvement Permit by: John E Alph date 3/22/07 Installed by: Tammy Frye

Authorization to Construct by: John E Alph date 3/22/07 Operation Permit by: John E Alph date 3/27/07

Existing System Inspection by: date

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