IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Pd 19 MOORESVILLE 704-664-5281

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

PERMIT# 066493 PIN# ~~4644484479PT~~ 4644389692.000 DATE 8/11/03

OWNER OR CONTRACTOR Dewey Saunders PHONE: Business (704) 201-499.3 Home

ADDRESS 17810 T Half Moon Cornelius, NC 28031

LOCATION L Angtree TL Meadlynn TR West faces R Sail High Ct

SUBDIVISION Westview BLOCK / SECTION ___ LOT 11 LOT AREA 1.13 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 7-26-03
Pump Tank: 1000 Gallons; PT 1017 Date 5-27-02
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" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump to 25% Reduction
Repair System Description (1) Pump to Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No

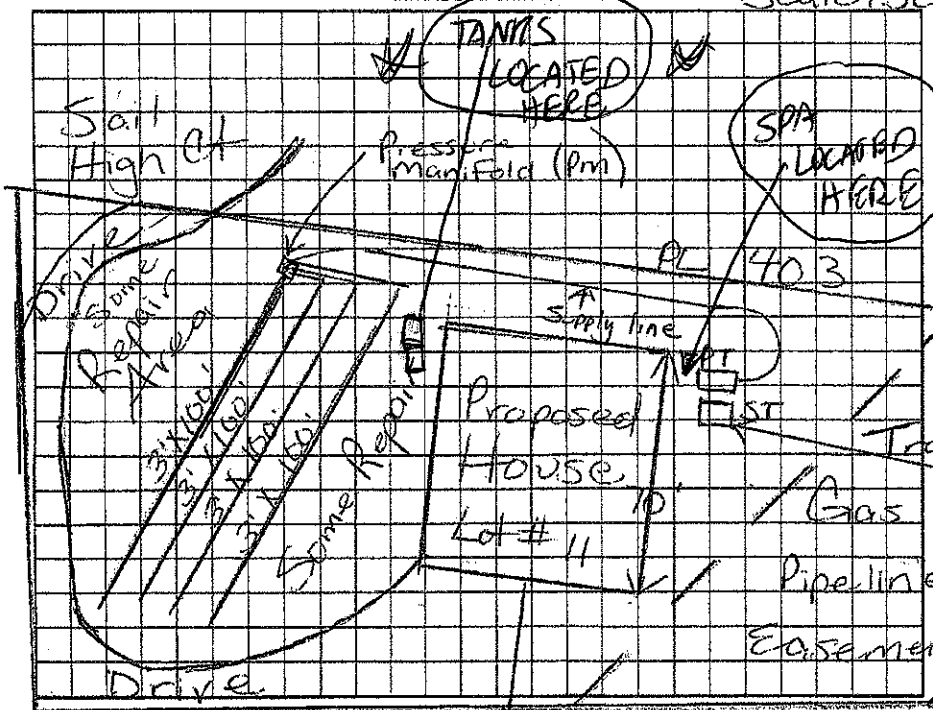
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ___
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

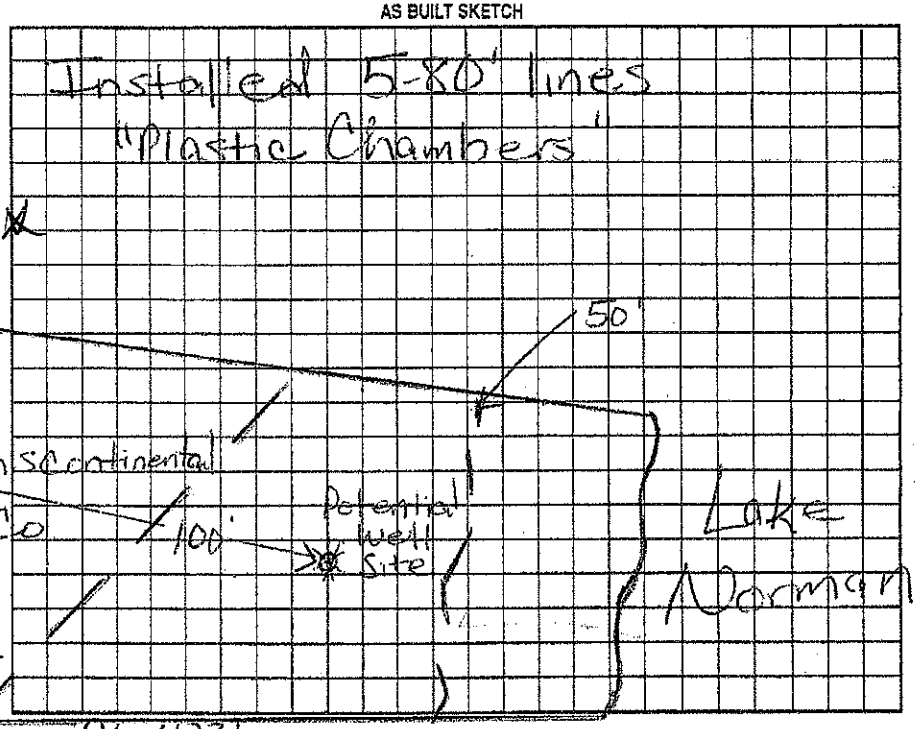
Comments/Conditions: Keep Septic System at least 10' From PL & 100' from well

Comments/Conditions: Checked tanks & lines 1/12/04 mp
Pressure checked 2/3/04 mp
Float & alarm 2/10/04

INITIAL SITE SKETCH Scale 1:50



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 plan 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: Dewey Saunders date 10/28/03
Improvement Permit by: Maria H. Dotson RS date 8/11/03
Authorization to Construct by: Maria H. Dotson RS date 8/11/03

Installed by: A-1 Backhoe
Operation Permit by: Maria H. Dotson RS date 2/10/04
Existing System Inspection by: ___ date ___

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