IREDELL COUNTY HEALTH DEPARTMENT / Authorization to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22452 DATE 11/21/95 TAX MAP NO. 2H 11 A 3 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Matt Reilly PHONE: Business _____ Home 545-2972

ADDRESS Queens Cove Ct. 1 Mooresville, NC. 28115 4645-45-4512

LOCATION Queens Cove, Templeton Tr Harwell Tr Queens Cove 3rd lot on (R)

SUBDIVISION Queens Cove BLOCK / SECTION 1 LOT 3 LOT AREA ~1.3AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 825 Date 2/13/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1628 Linear Feet 270 *

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: GRAV - INFILTRATOR

Repair System Description: PRES - INFILTRATOR

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees _____

[ ] Other _____

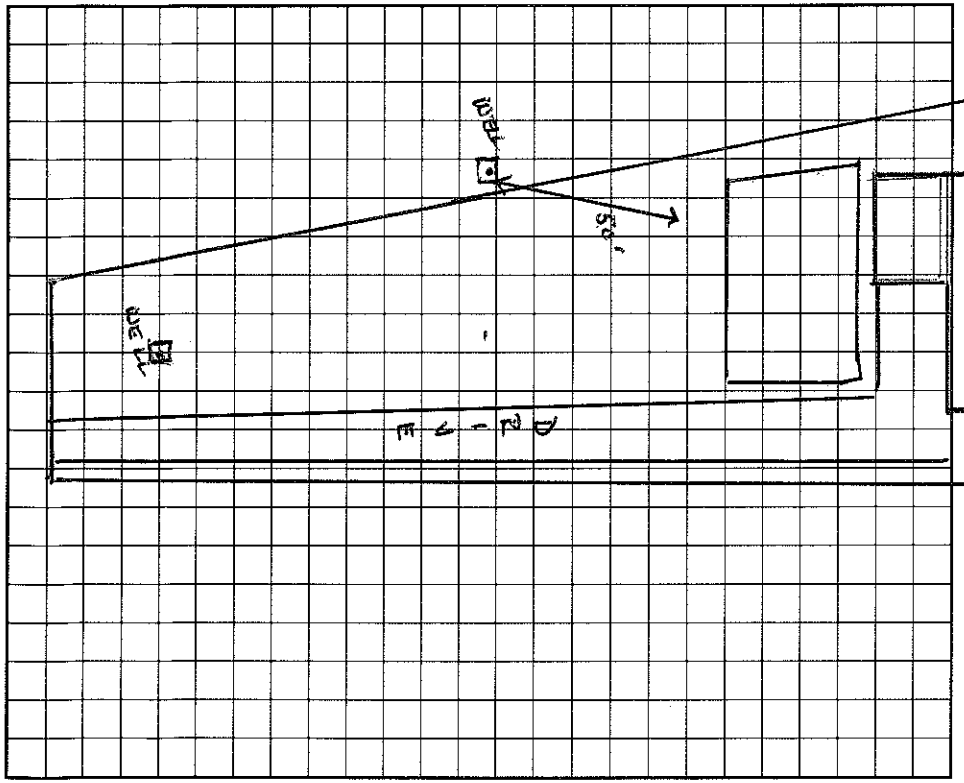
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

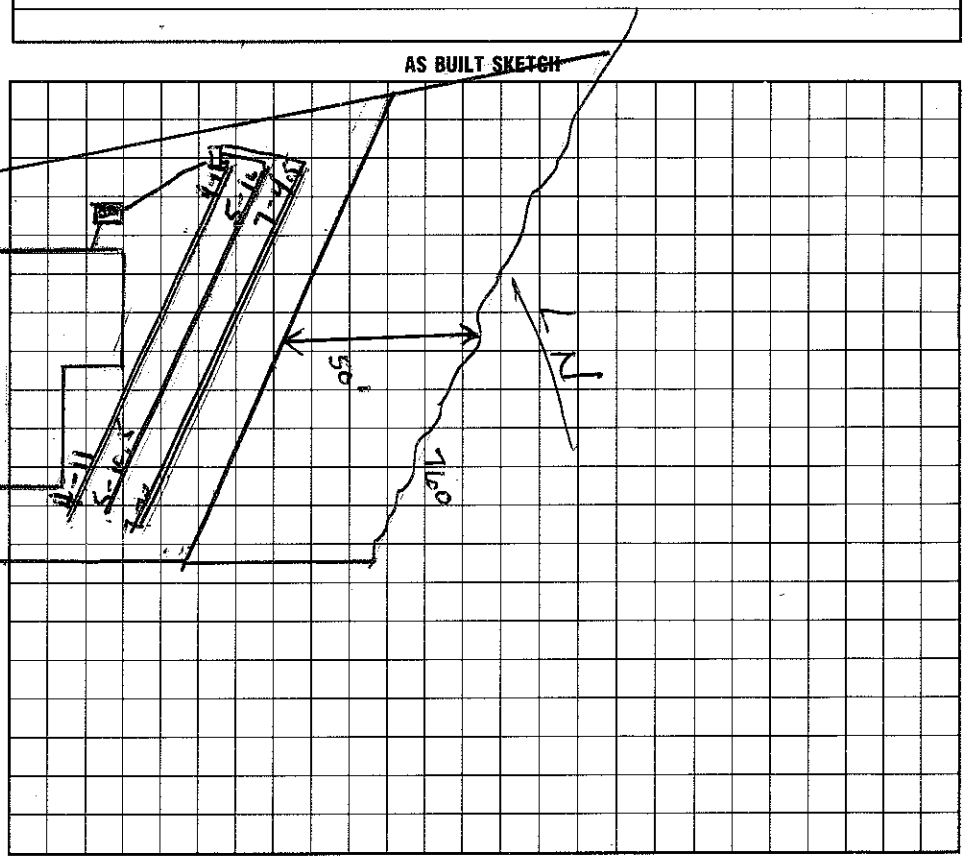
Comments: * 25% reduction for infiltrator use

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Authorization to construct valid for 5 years - Imp Permit rec at pre-construction conference

Signed: X Rebecca P. Burke

Improvement Permit by: Wesley Sparks RS. date 11/21/95

Authorization to Construct: Wesley Sparks RS date 11/21/95

Installed by: Wayne Eller

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 6/12/96

Existing System Inspection By: _____ date _____

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