IREDELL COUNTY HEALTH DEPARTMENT

E 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTR[illegible] PERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 116563 PIN# 4646-06-5344 DATE 11/29/04

OWNER OR CONTRACTOR Teglund-Brown Const. PHONE: Business _____ Home _____

ADDRESS 7502 Windaliere Dr. Cornelius NC 28331

LOCATION BSR, TL Canvasback, TL Turnberry at end on Rt

SUBDIVISION St. Andrews Village BLOCK / SECTION _____ LOT 191 LOT AREA 0.63AC SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 10/26/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

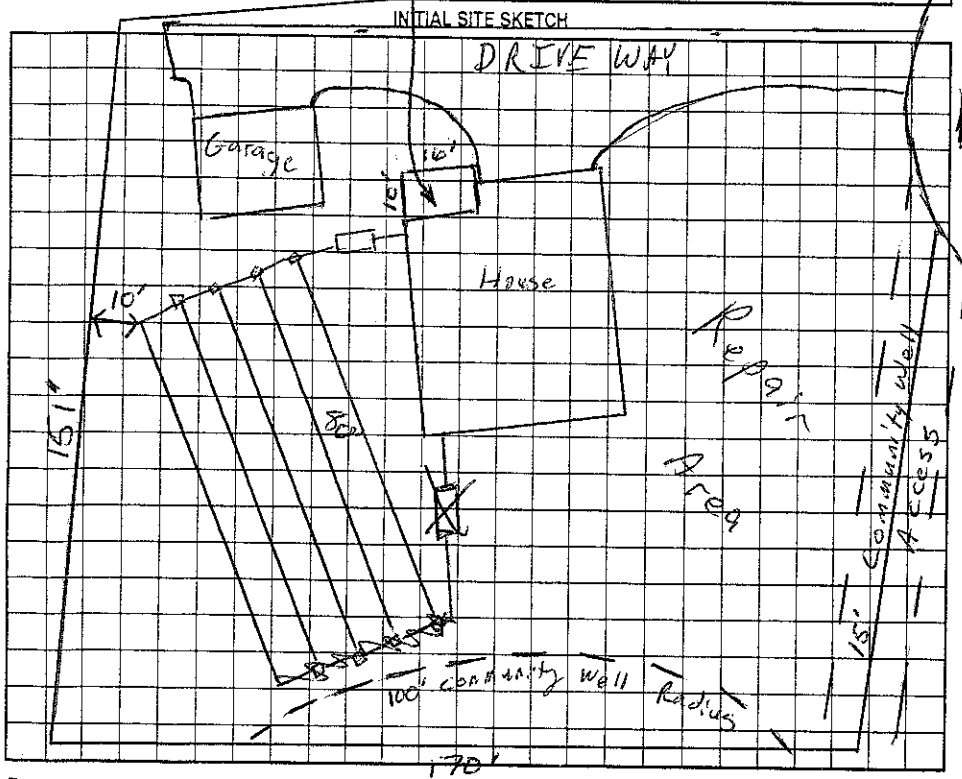
☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

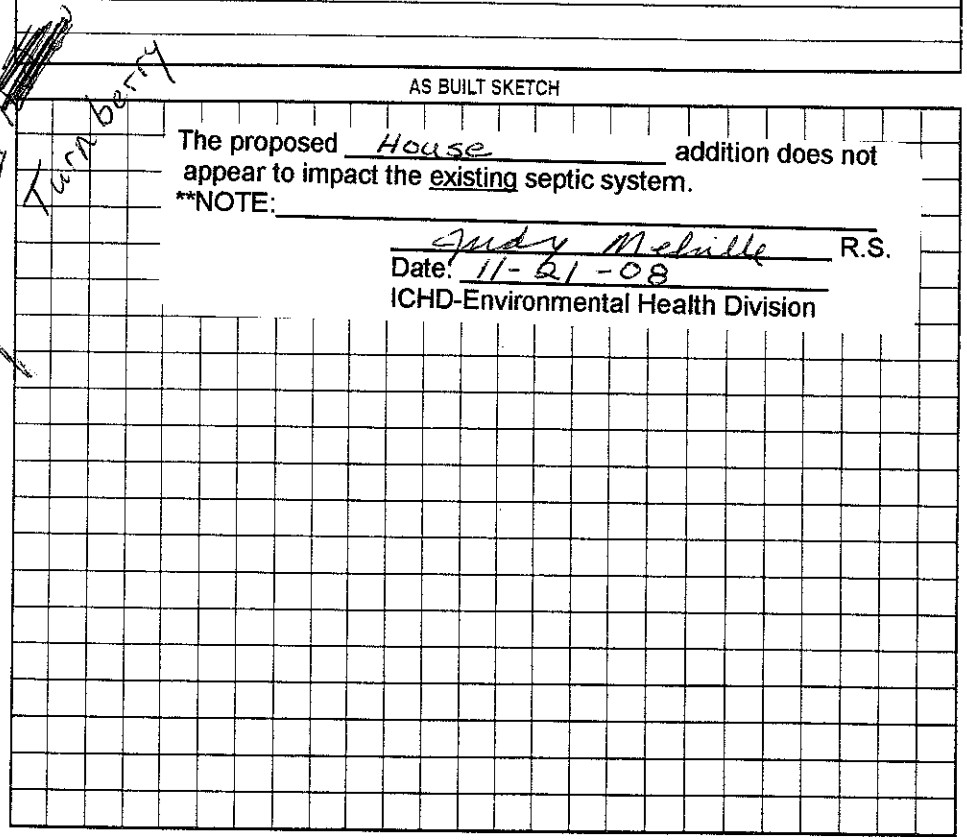
Comments:/Conditions: 1"=40' Addition Jim Moellman Contractor 11/24/04

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH



The proposed House addition does not appear to impact the existing septic system.
**NOTE: _____

Judy Melville R.S.
Date: 11-21-08
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: Mike Teglund date 11/29/04
Improvement Permit by: _____ RS date 11/24/04
Authorization to Construct by: _____ RS date 11/24/04

Installed by: Abernathy
Operation Permit by: _____ RS date 11/30/04
Existing System Inspection by: _____ date _____

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