IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 125.00 Paid 11:00 MOORESVILLE 704-664-5281

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

PERMIT# 095557 PIN# 4646 09 0895 DATE 5/1/01

OWNER OR CONTRACTOR Ellen Bulow PHONE: Business ______ Home 704-892-5988

ADDRESS 107 Harlogate Ct. Cornelius, NC. 28031

LOCATION 1100 TL Farmstead, (R) Perennial, on (L) in Curve

SUBDIVISION FARMSTEAD BLOCK / SECTION ______ LOT 33 LOT AREA .6 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 12/31/00

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 490 Linear Feet 245

No Lines 5 Trench Width 2' Max Trench Bottom Depth 3' Gravel Depth SAND.

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

System Description: GRAV - 16" PPBPS (50% Red)

Repair System Description: 16" PPBPS (50% Red)

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

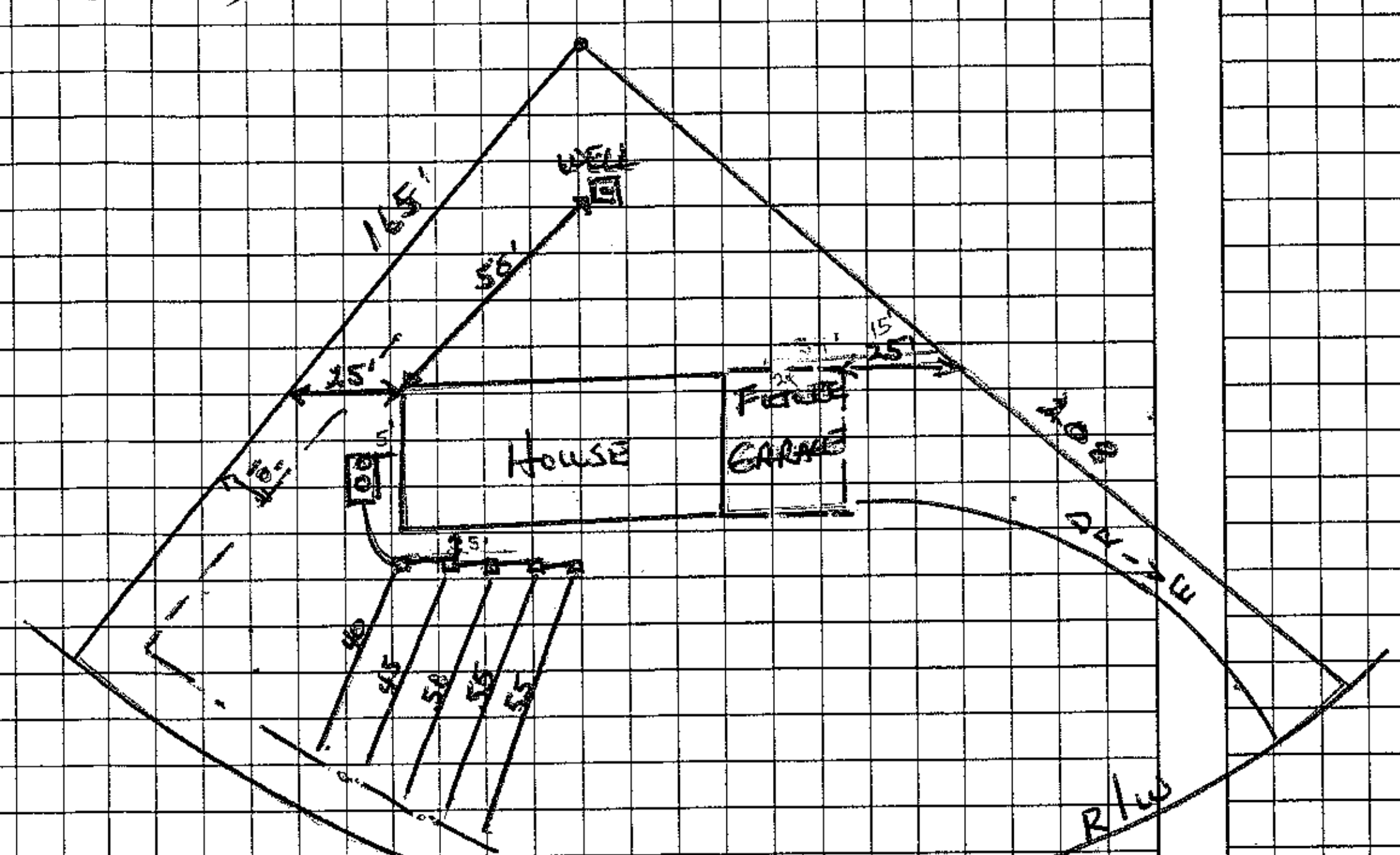
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: I P ONLY

Comments:/Conditions:

(1" = 50')

INITIAL SITE SKETCH



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 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: * Ellen Bulow date 5/2/2001

Improvement Permit by: Wesley Sparks RS. date 5/1/01

Authorization to Construct by: Wesley Sparks RS date 6/27/01

Installed by: Richard Abernathy

Operation Permit by: [signature] RS date 8/21/01

Existing System Inspection by: ______ date ______

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