IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 121258 PIN# 4648 06 9360 DATE 6/24/04

OWNER OR CONTRACTOR James Macintosh PHONE: Business 704-556-1211 Home

ADDRESS 2512 Dryden Ln. Charlotte, NC. 28210

LOCATION Cornelius Rd TL Morgan Bluff TL Blackbeard Ln., 3 lot on (R)

SUBDIVISION Pirates Cove BLOCK / SECTION LOT 10 LOT AREA .5AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/22/04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth NA

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY - TYPE 3
Repair System Description: Pressure - Type 3
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees
[ ] Other
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

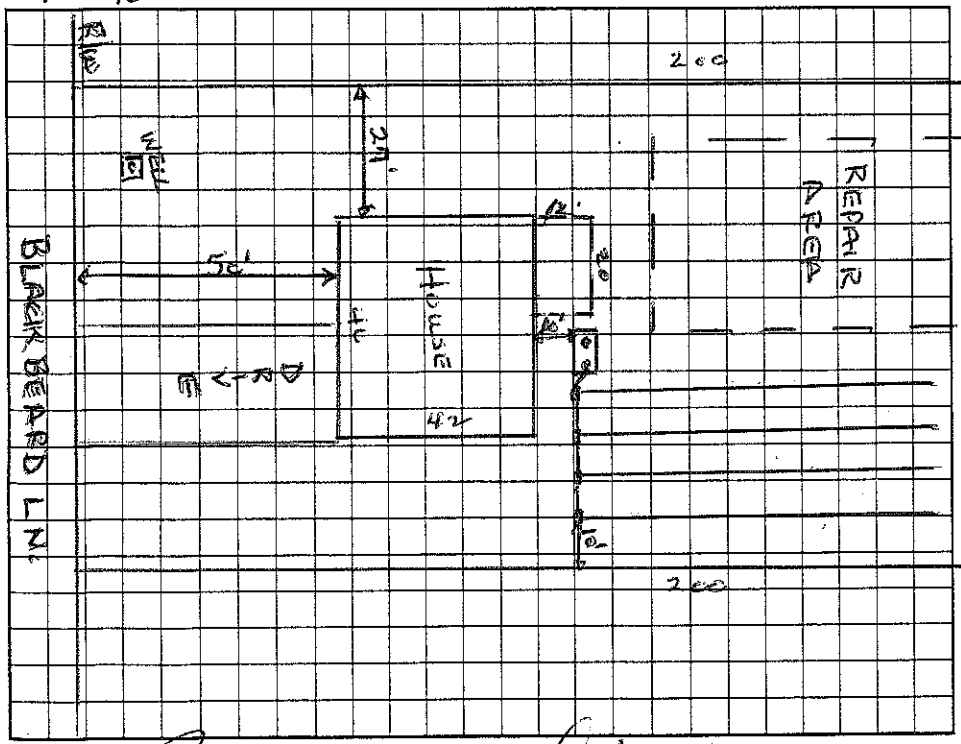
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: This is a 25% reduced system.
Maximum trench depth 30"

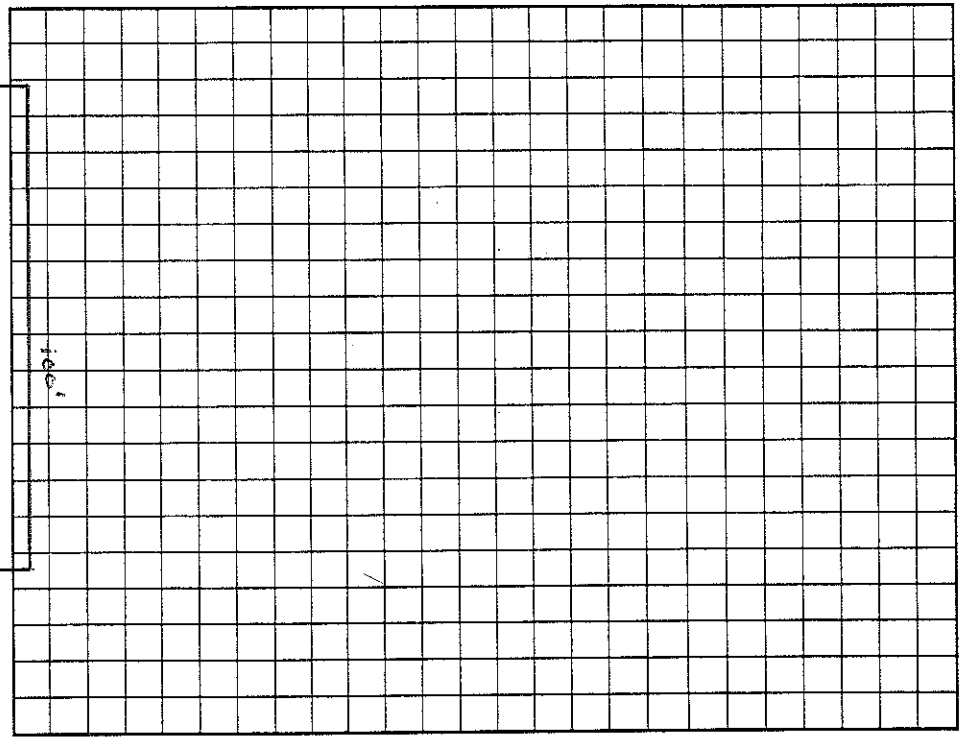
Comments/Conditions:

1" = 40'

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: James T. Macintosh date 6/30/04 Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks R.S. date 6/24/04 Operation Permit by: Wesley Sparks R.S. date 1/27/05

Authorization to Construct by: Wesley Sparks R.S. date 6/24/04 Existing System Inspection by: date

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