JUL-24-2003 09:36 AM B&K WELLDRILLING_INC 704 892 4705 P.02
JUL 16 03 09:02 OGDEN CONSTR 8284789327

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 32500 Paid MOORESVILLE 704-664-5281

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

PERMIT # 101905 PIN# 4648 07 5182

OWNER OR CONTRACTOR: Kimberly & Paul York
ADDRESS: 130 Overbrook Rd Mooresville NC 28117
LOCATION: 150 W, L. Cornelius, R Morgan, R Landing, on right
PHONE: 662-8460 Home 660-0603
DATE: 11-30-01
SUBDIVISION: Pirates Cove LOT: 32 LOT AREA: .5 acre
DESIGN DAILY FLOW: 360 gpd

Septic Tank: 1000 Gallons
Pump Tank: 1000 Gallons
Pump Make: Model: Serial No.
Nitrification Field: No. Fields 1 Square Feet 400 Linear Feet 200
No. Lines 6 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

X New System
System Type: Pump (L) Panel Block
Repair System Description: Deeded prior to 1983
Maintenance Agreement Required: X Yes / No
Slab / Crawl Space / Basement w/o plumbing / Basement w/plumbing

X House/Modular Home No. Bedrooms 3
Mobile Home No. Bathrooms
Business No. Employees
Other

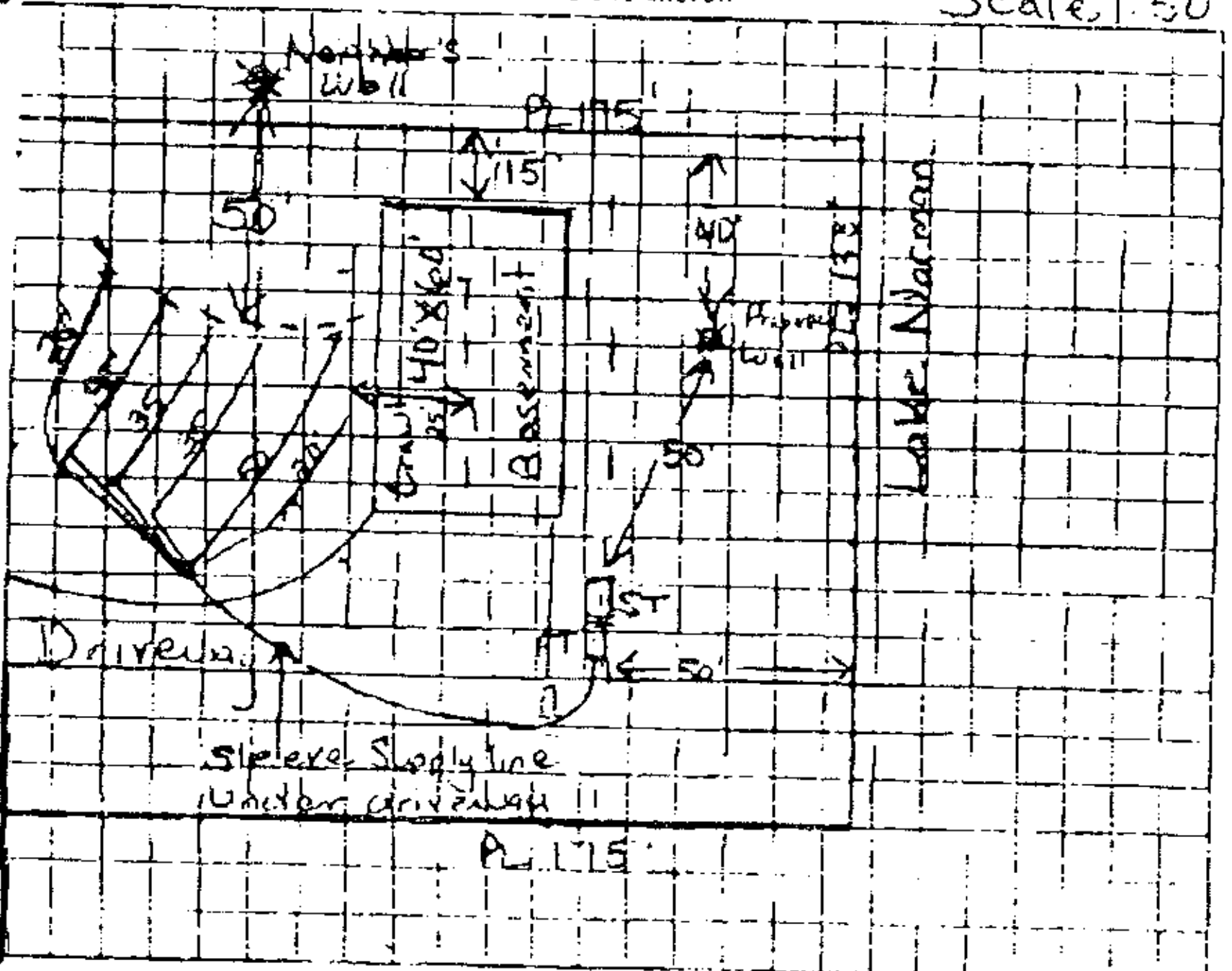
Water Supply: Individual / Public / Community

Comments/Conditions: Keep drainlines at least 10' from PL, 50' from lake & 50' from any well. Basement wall must be at least 25' from drainfield

Comments/Conditions: * Must get well variance from DHNER for well closer than 50' to lake
** Very tight lot, be careful of setbacks

INITIAL SITE SKETCH

Scale 1:50



AS BUILT SKETCH

4PM
Here's The Permit For Well Variance
Thanks
Shan Ogden

Permit can be suspended or revoked if information supplied toward securing the permit is inaccurate, unauthorized changes are made to the site, or unauthorized changes are made to the installation of the system. Improvement Permit with plat valid without expiration; Improvement Permit without plat valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit ...

Signed: Kimberly York date 12-1-01
Improvement Permit by: James H. Dotson R.S. date 12-1-01
Authorization to Construct by: ______ date ______
Installed by ______
Operation Permit by ______ date ______
Existing System Inspection by ______ date ______

WHITE: HEALTH DEPT. / CANARY: OWNER / PINK: ...