IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

130,000 gpd

11:30

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

PERMIT# 18351 PIN# 4648 95 9581 DATE 2-12-04

OWNER OR CONTRACTOR Perry Jenkins PHONE: Business Home

ADDRESS P.O. Box 5877 Statesville, NC 28687

LOCATION No Ariel – Hwy 21 North IC Cornelius TR Olympia TR Ariel on right

SUBDIVISION Cornelius Est BLOCK / SECTION LOT 47 LOT AREA .5 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 2-14-05 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

System Description: Gravity – 25% Reduction

Repair System Description: Pump/Grav Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

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

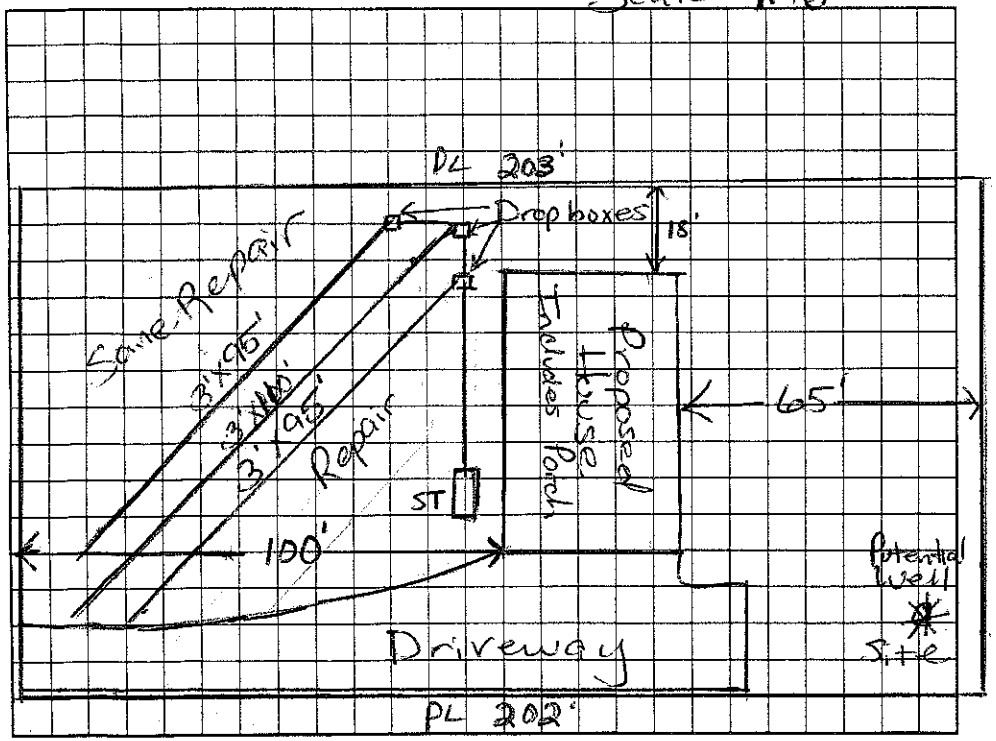
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic at least 10' From PL & 50 to 100' to well

Comments:/Conditions:

See "As Built" Drawing

INITIAL SITE SKETCH Scale 1:40



AS BUILT SKETCH

Use: 4 Plastic Chambers" for Drainfield

PL 107.29

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: X date Installed by: Iredell Sanitarians RS

Improvement Permit by: Maina Wilson RS date 2/12/04 Operation Permit by: Maina Wilson RS date 4/8/05

Authorization to Construct by: Maina Wilson RS date 2/12/04 Existing System Inspection by: date

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