IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 F & I MOORESVILLE 704-664-5281

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

PERMIT# 115921 PIN# ~~4648-95-6442.044~~ 4648-96-8561 DATE 10/6/03

OWNER OR CONTRACTOR Kristy M. Hart PHONE: Business _____ Home 336-246-7284

ADDRESS 508 Temple Baptist Ch Rd W. Jefferson NC 28694

LOCATION 2 N. TL Cornelius, TR Olympia, TL Alph 9th end on Rt.

SUBDIVISION Cornelius Est. BLOCK / SECTION _____ LOT 41 LOT AREA 1.52Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 854 Date 10/4/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth —

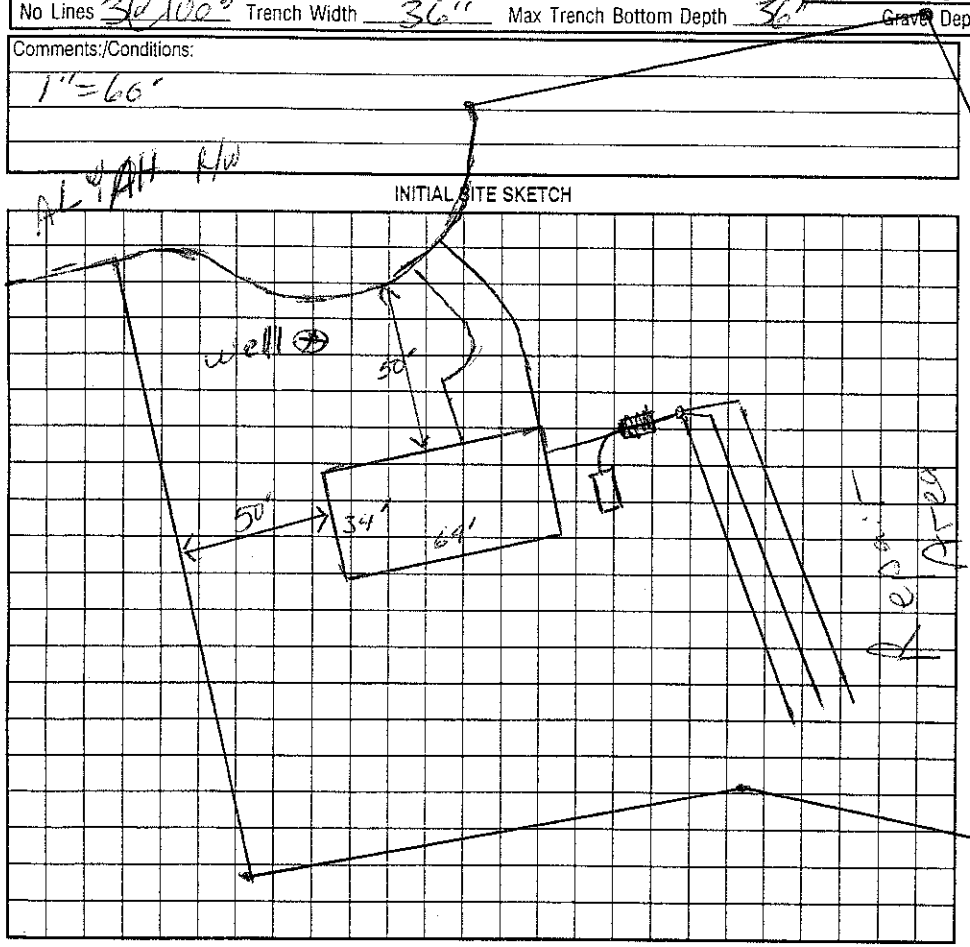
☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity 25% Reduct.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
1"=60'

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Infiltrators Installed As Drawn

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: Kristy Hart date 10/6/03 Installed by: Denton Hart Const.

Improvement Permit by: RS date 10/6/03 Operation Permit by: RS date 1/7/04

Authorization to Construct by: RS date 10/6/03 Existing System Inspection by: _____ date _____

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