S/D : GREYCLIFF

IREDELL COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

3:00 — 4500 to 9

PERMIT# 112849 PIN# ~~4649 05 5644.000~~ 4649-05-7783 DATE 9/26/03

OWNER OR CONTRACTOR Ron Homes PHONE Business 704 634 1488 Home

ADDRESS 19730 Charlestown Ln Cornelius, NC 28031

LOCATION Pinehurst Rd N TR Greycliff Rd. on R - 8th lot on L

SUBDIVISION Greycliff BLOCK / SECTION LOT 8 LOT AREA .68AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 312 Date

Pump Tank: 1000 Gallons: PT 213 Date

Pump Make: [illegible] Model [illegible] Serial No.

Nitrification Field: No Fields 1 Square Feet 534/801 Linear Feet 267

No Lines 4@67' Trench Width 2' = 8' CUTTER Trench Bottom Depth 3' Gravel Depth N/A

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

System Description: Pump Dosed 16" PABAS

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees

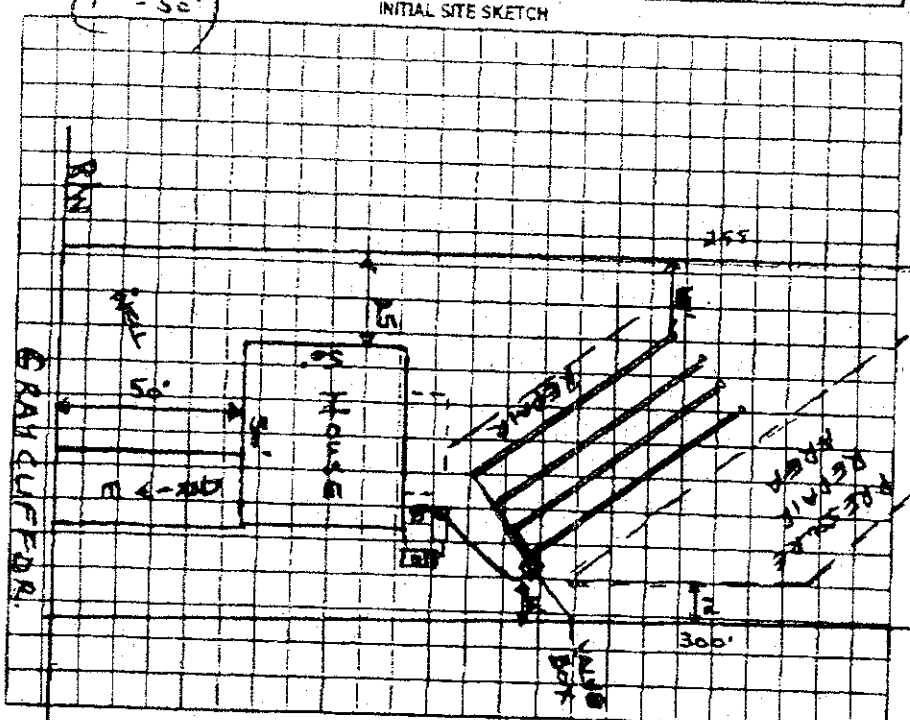
Water Supply: ☒ Individual ☐ Public ☐ Community

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

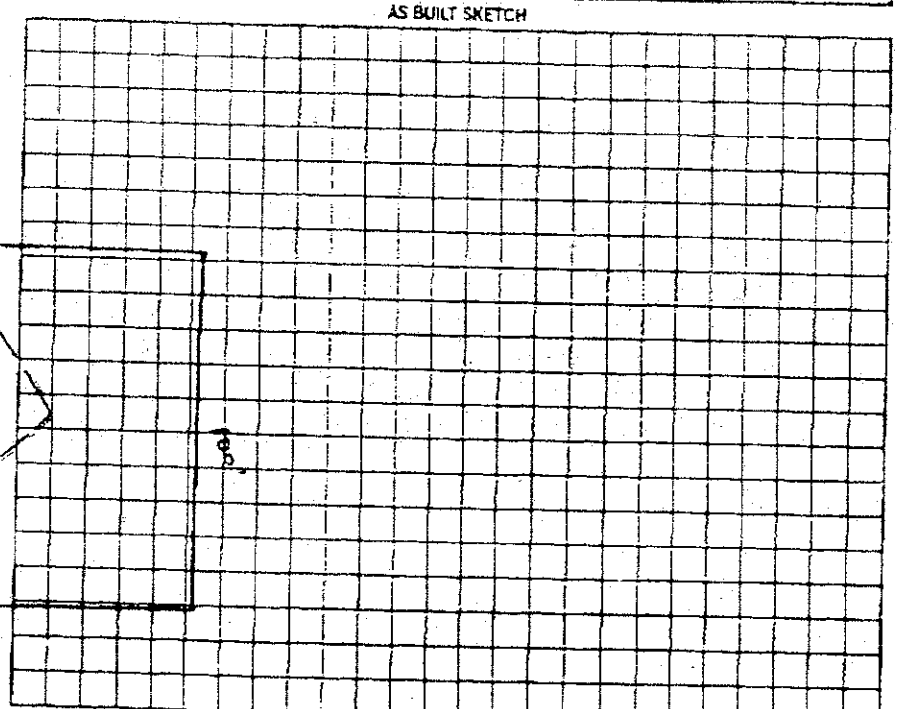
Comments/Conditions: 5' = 4 CUTTERS

Comments/Conditions: 1/4" Holes drilled
Tanks & lines Checked by W.S
Pressure eject & alarm 3/10/04 MKD

INITIAL SITE SKETCH (1" = 50')



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: Nicole R Hartsby date 10/1/03

Improvement Permit by: Wesley Sparks RS. date 9/26/03

Authorization to Construct by: Wesley Sparks RS date 9/26/03

Installed by: [illegible] RS

Operation Permit by: [signature] date 3/11/04

Existing System Inspection by: date

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

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