# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 25.00 paid MOORESVILLE 704-664-5281

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

PERMIT# 10411 PIN# 4649-75-0566.B 4649-65-7022 DATE August 9, 02

OWNER OR CONTRACTOR Cornerstone Properties / FLEETWOOD HOMES PHONE: Business _____ Home _____

ADDRESS 1709 S. Main Kannapolis, N.C. 28081

LOCATION I-15-21 N TL Flower House Loop TL Rankin Hill Rd. TR Ty-Lin Way on left 125 Ty-Lin

SUBDIVISION Magic Forest BLOCK / SECTION _____ LOT 8 LOT AREA .73 Ac SITE CLASS. FS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: ST8 10/12 Date 5/5/03

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity conventional

Repair System Description: ORAN - pumped 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home DW ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

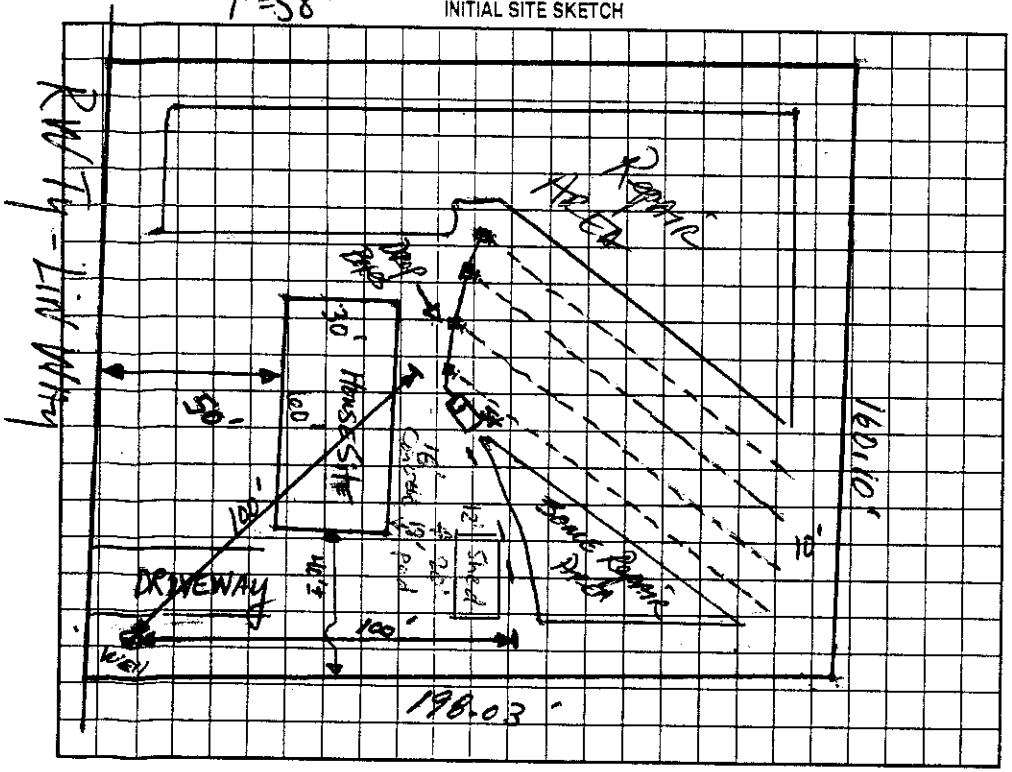
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

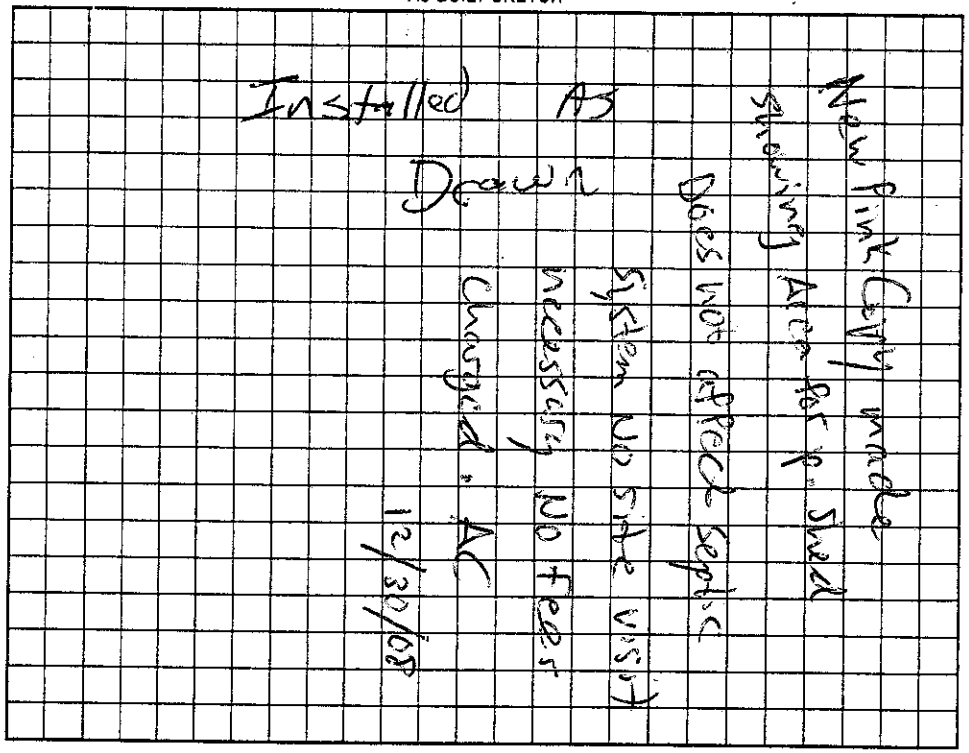
Comments:/Conditions:

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: _____ date 8-16-02 Installed by: Craig Thompson

Improvement Permit by: _____ date 8-9-02 Operation Permit by: _____ AS date 11/4/03

Authorization to Construct by: _____ AS date 10/7/03 Existing System Inspection by: _____ date _____

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