IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08407 6 PIN# ~~4664 28 7188 Pt.~~ 4654-88-6368 DATE 11/9/00

OWNER OR CONTRACTOR David Maines PHONE: Business 907-6765 Home 895-7716

ADDRESS 20615-K Sterling Bay Ln. Cornelius, NC. 28031

LOCATION Presbyterian Rd. TR Davidson Ridge to 5 lot on (L)

SUBDIVISION Davidson Ridge BLOCK / SECTION ____ LOT 7 LOT AREA .70 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/26/01

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 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: 25% Reduction - EZ Flow *

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

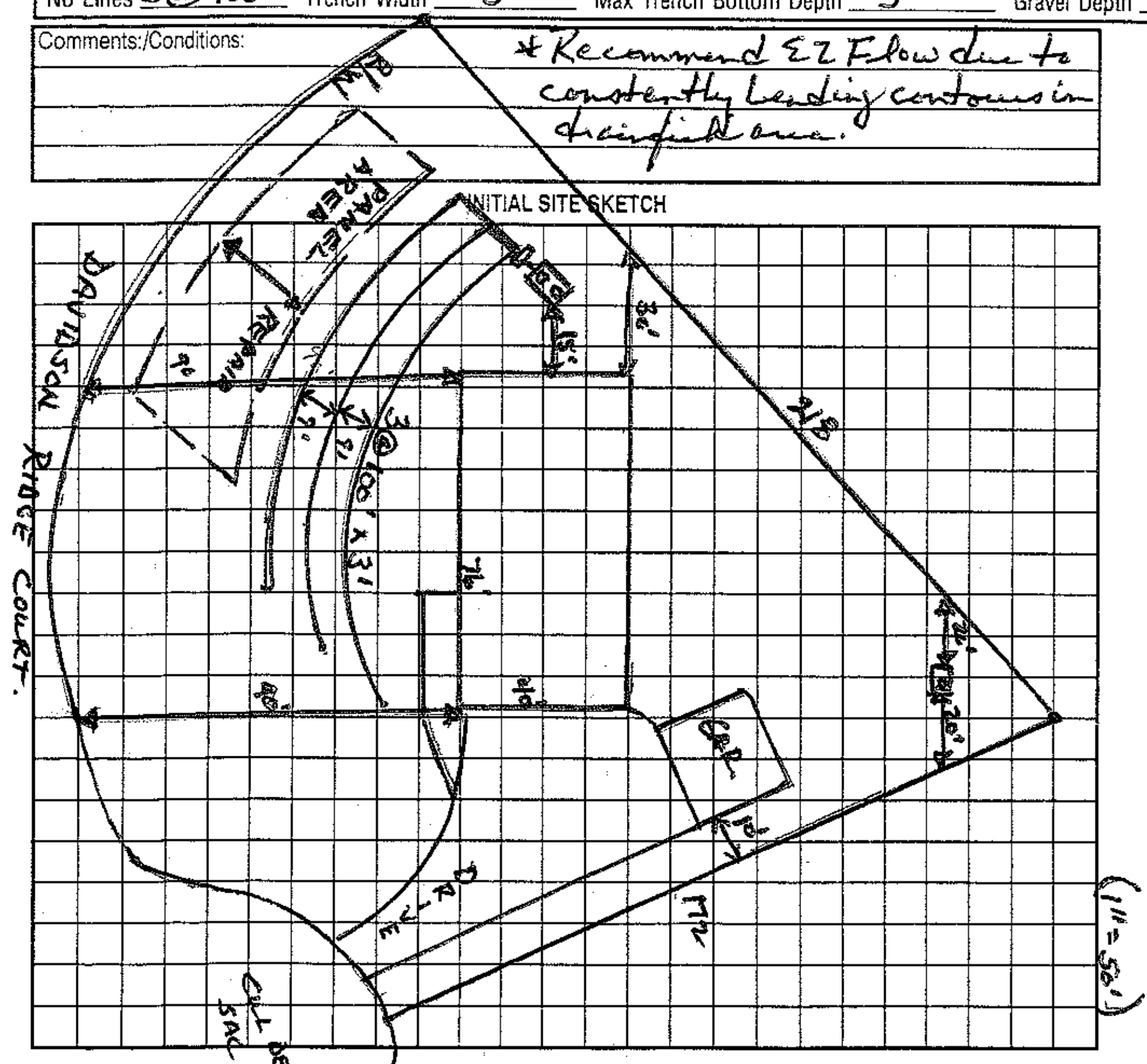
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: * Recommend EZ Flow due to constantly leading contours in drainfield area.

Comments:/Conditions:

INITIAL SITE SKETCH



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: * Selica Bennett date 11/15/00

Improvement Permit by: Wesley Sparks RS. date 11/9/00

Authorization to Construct by: Wesley Sparks RS. date 11/9/00

Installed by: Rowan Septic

Operation Permit by: [signature] RS date 5/1/01

Existing System Inspection by: ____ date ____

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