IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~7357+3/14489~~ PIN# 4658054618

OWNER OR APPLICANT Castle rock Home Builders/Linda Smith DATE 9-10-07

ADDRESS 631 Brawley School Rd Mooresville NC 28117 PHONE: Business 704-662-9698 Home 704-437-2556 (m)

LOCATION Cornelius Rd TR Olympia TR Ariel on left 119 Ariel Dr

SUBDIVISION Cornelius Estates BLOCK / SECTION ____ LOT 92 LOT AREA 1.19 Ac SITE CLASS. ____ DESIGN FLOW ____ L.T.A.R. ____

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing

Repair System Description: shallow 25% reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 6

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

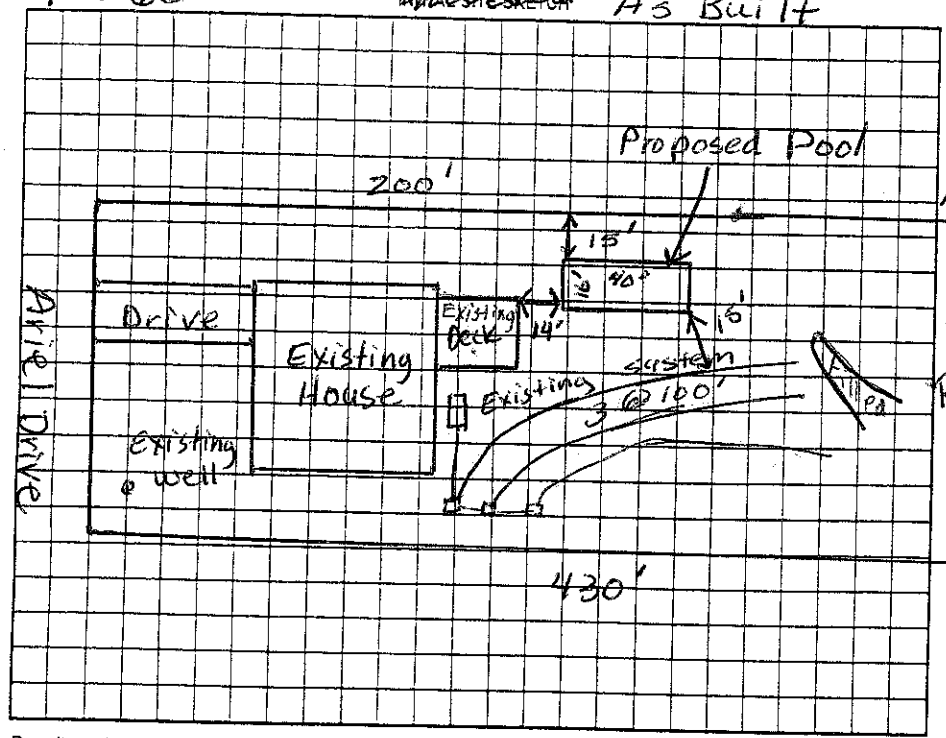
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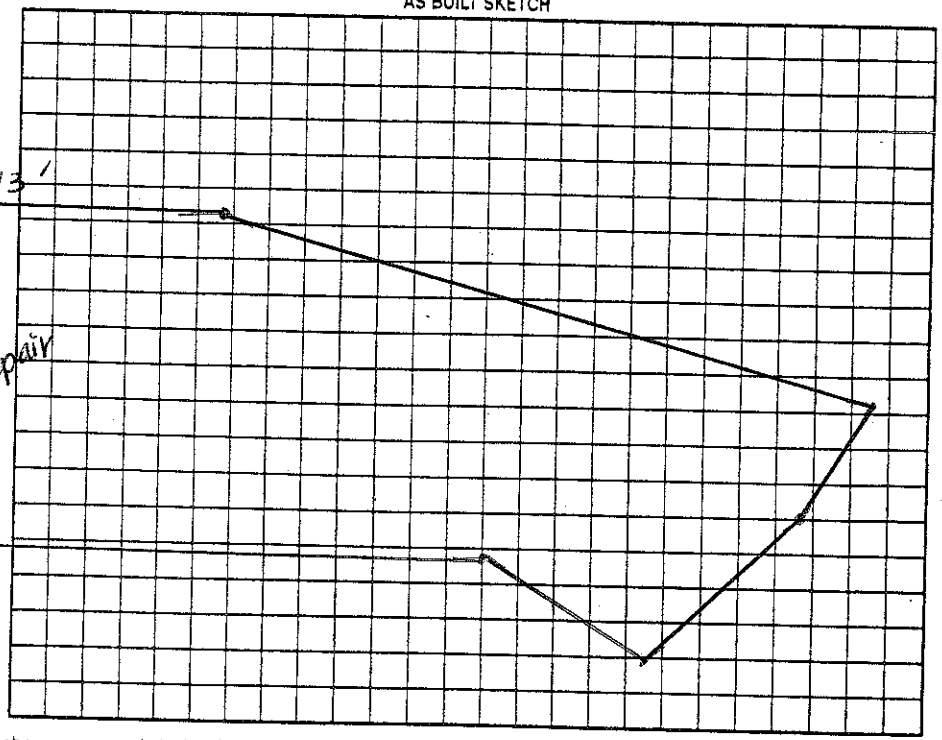
Pool to be placed 15' min. from edge of system drainline

1" = 60'

~~INITIAL SITE SKETCH~~ As Built



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: Linda Jo Smith date 9/10/07

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Judy Melville date 9-21-07

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