IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125 171 PIN# 4658-06-7953 DATE 1/12/05

OWNER OR CONTRACTOR Brenden Phillips / David Moran (agent) PHONE: Business _____ Home _____

ADDRESS 18817-201 Nautical Dr. Cornelius NC 28031

LOCATION HWY 21 N, TL Cornelius, TR Olympia, on Rt before Bailey Rd

SUBDIVISION Cornelius Est BLOCK / SECTION _____ LOT 56 LOT AREA 0.59 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 786 Date 4/20/05
Pump Tank: 1000 Gallons; PT 32 Date 9/24/04
Pump Make: ZOELLER Model N-137-C Serial No. 12/04
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@25' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

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

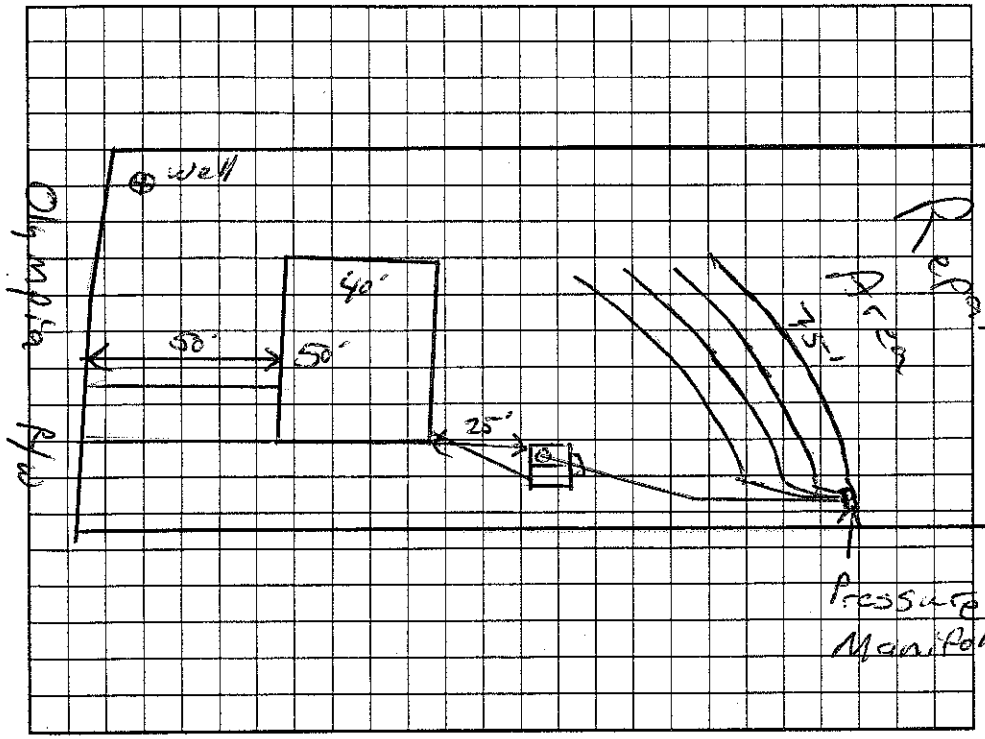
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Reviewed Building plans, essentially in compliance with original permit.

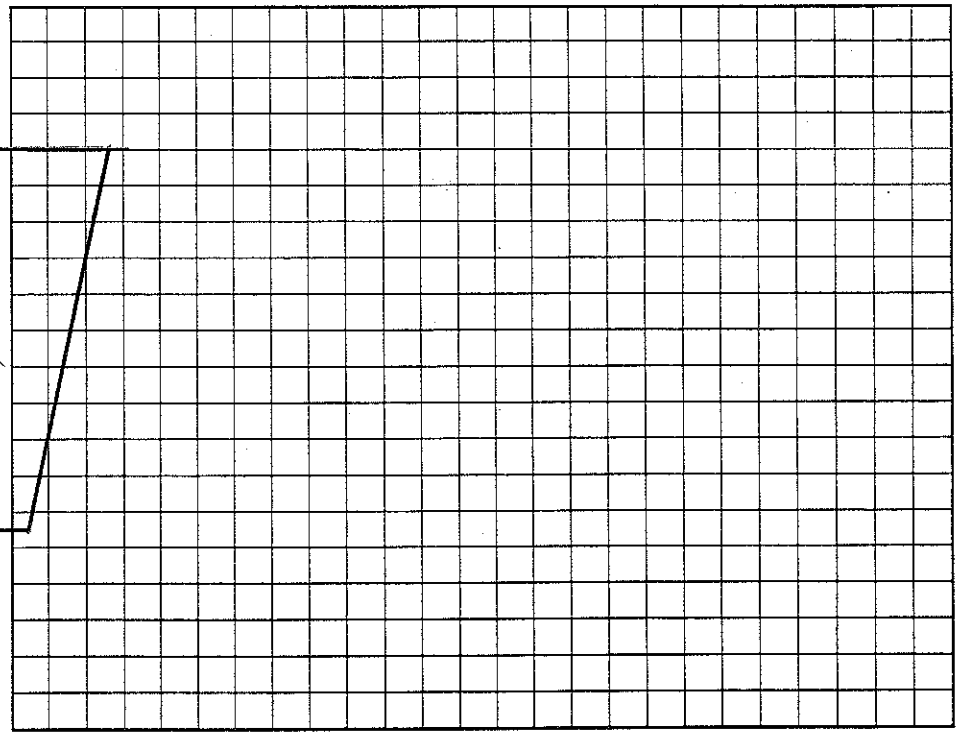
1" = 50'

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: _____ date 1/3/05 Installed by: GHM Contracting

Improvement Permit by: _____ RS date 1/12/05 Operation Permit by: _____ RS. date 3/29/06

Authorization to Construct by: _____ RS date 7/7/05 Existing System Inspection by: _____ date _____

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