IREDELL COUNTY HEALTH DEPARTMENT

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

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

(~~Hi~~) (1:30)

PERMIT# 076646 PIN# ~~4665 51 44 71 PT~~ 4665 51 6838 DATE 10/12/98

OWNER OR CONTRACTOR JAMES CAUSEY PHONE: Business _____ Home 892-9830

ADDRESS 30433 BETHEL WOOD LN CORNELIUS NC 28031

LOCATION SHEARERS RD- TL TIMBERVIEW LN. ON LT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3gpd/sq ft

Septic Tank: 1000 Gallons; STB 794 Date 9/25/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@80' 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: CHAMBERS OR HDPE

Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

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

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

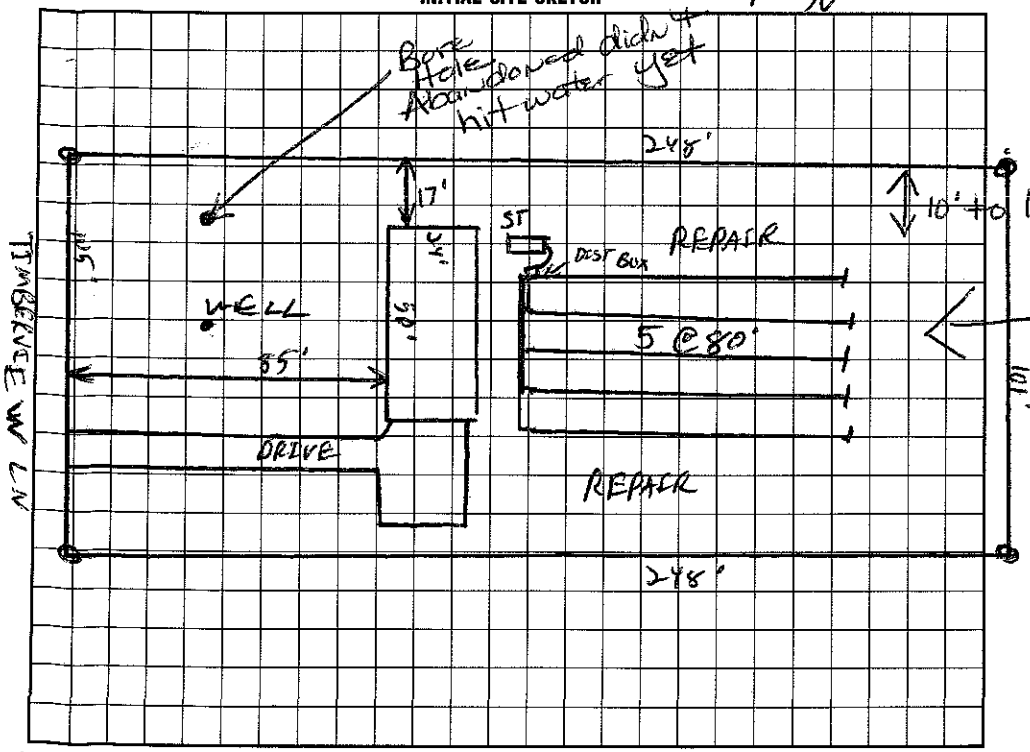
☐ Slab ☒ ~~Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: Well being installed at time of inspection

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed as Shown except 4-100 foot lines Instead

I understand that this 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 10/14/98 Installed by: Larry Tucker

Improvement Permit by: C. Ryan EHS date 10/12/98 Operation Permit by: _____ date 11/4/99

Authorization to Construct by: C. Ryan EHS date 10/12/98 Existing System Inspection by: _____ date _____

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