IREDELL COUNTY HEALTH DEPARTMENT

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

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

CT

PERMIT# 12779 PIN# 4711-51-6149 DATE 6-7-05

OWNER OR CONTRACTOR DAVID & JOANNE MOORE PHONE: Business 704-363-4346 STEVE Home 704-894-0515

ADDRESS 16501 BELLE ISLE DR CORNELIUS, NC 28031

LOCATION BUFFALO SHOALS (L) LAUREL COVE (L) ACROSS HARBORMASTER AT BOX # 357

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 57.248 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1414 Date 1-13-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields _____ Square Feet 800 Linear Feet 200'
No Lines 5x40' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: 60% 2540 REDOUT
Repair System Description: SAME/SMALLER
Maintenance Agreement Required: ☐ Yes ☒ No

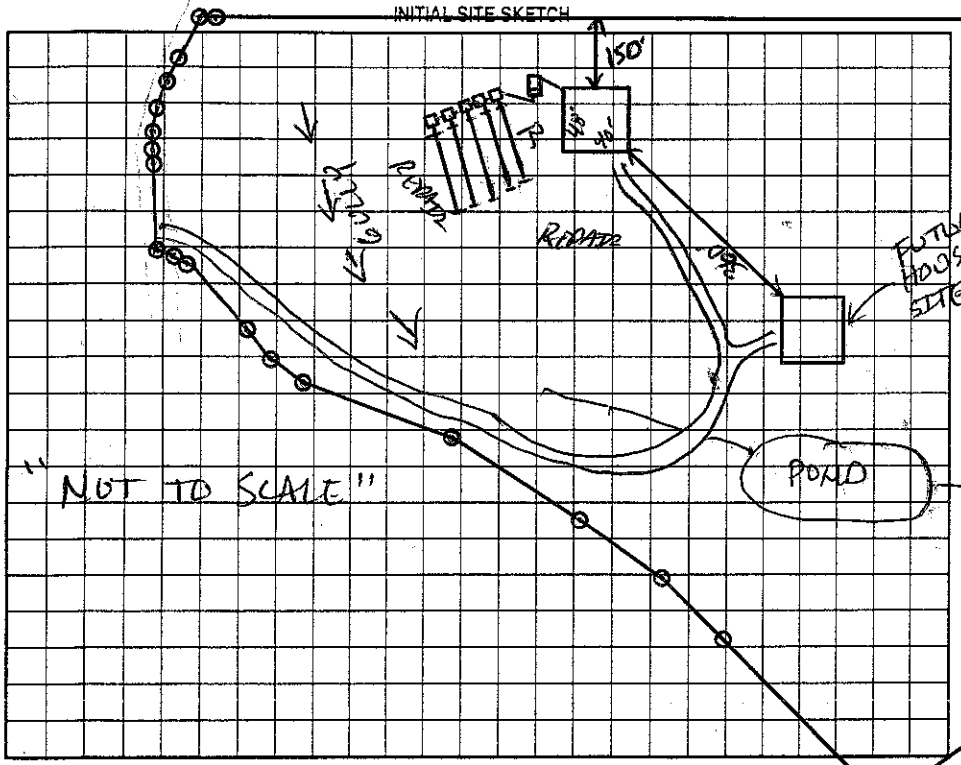
☐ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☒ Business No. Employees _____
☒ Other GARAGE APT
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: (1) INSTALL 5 LINES 40' LONG ON CONTOUR (2) MAINTAIN SETBACKS & KEEP WELLS 100' FROM SYSTEMS & ROADS, EXPLAINED SETBACKS TO BUILDER & OWNER

Comments:/Conditions: (3) GARAGE SITE WAS STAKED (4) GARAGE APT IS ONLY 1 BEDROOM. SIZED SYSTEM FOR 2 BEDROOM BY LAW/RULES, POLY/OK Elbar JOHNSON

INITIAL SITE SKETCH



AS BUILT SKETCH

BUILDER OK'D SYSTEM PLACEMENT

INSTALLED AS DRAWN

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 6-8-05 Installed by: CURT DOWNING

Improvement Permit by: _____ date 6-7-05 Operation Permit by: _____ date 10-19-05

Authorization to Construct by: _____ date 6-7-05 Existing System Inspection by: _____ date _____

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