IREDELL COUNTY HEALTH DEPARTMENT

*THIS PERMIT VOIDS PREVIOUS PERMIT ISSUED 11/07/02.

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 109642 PIN# 4711-79-6371 DATE 07/16/03

OWNER OR CONTRACTOR RONALD SMIDT PHONE: Business 704-697-7401 Home 704-896-2132

ADDRESS 17728 KING POINT DR. CORNELIUS, NC 28031 CELL 704-619-0276

LOCATION OLD MTN. RD., (R) BUFFALO SHOALS RD., PROPERTY ON LEFT ACROSS FROM MAILBOX #2192 ~600' OFF ROAD.

SUBDIVISION — BLOCK / SECTION — LOT 1 LOT AREA 33.05 ACRES SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 4-5-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,600 Linear Feet 535

No Lines 10 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL / GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes X No

Gravel Depth 12"+

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

X House/Mod. Home No. Bedrooms 4

X Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other SYSTEM SIZED FOR FUTURE HOUSE

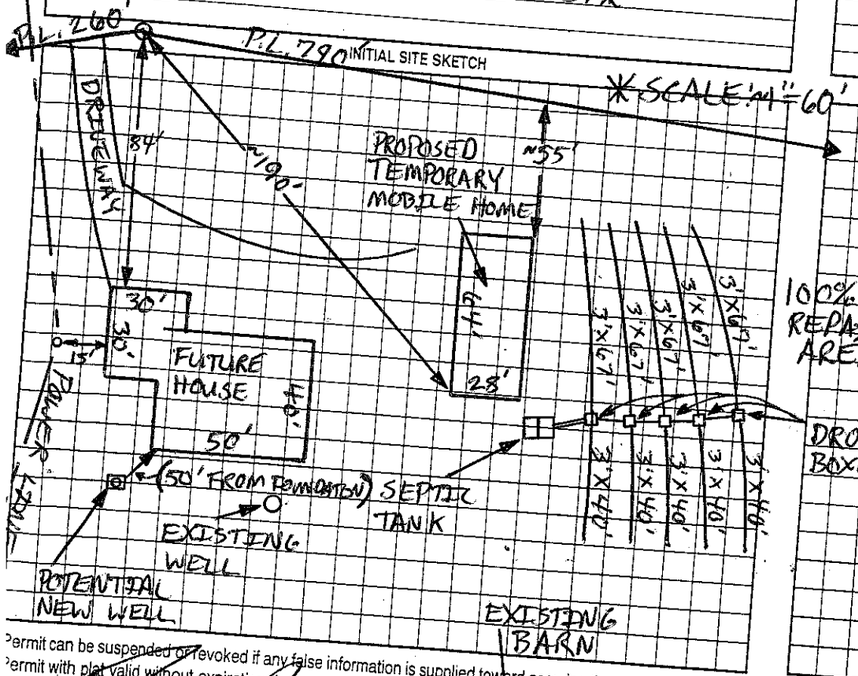
Water Supply: X Individual ☐ Public ☐ Community WELL

Comments:/Conditions: *TEMP. MOBILE HOME TO BE REMOVED WHEN FUTURE HOUSE IS COMPLETED.*

Comments:/Conditions:

TURF - Tire filler + ST marker installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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 ____

Improvement Permit by: Patrick Mitchell date 07/16/03

Authorization to Construct by: Patrick Mitchell date 07/16/03

Installed by: Craig Thompson

Operation Permit by: William O. Johnson date 10/22/03

Existing System Inspection by: ____ date ____

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