...ELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15811 PIN # 4716083775 DATE 9-15-09

OWNER or APPLICANT Soon Kelly Hazard PHONE: Business Home: 704-892-4000

OWNER or APPLICANT ADDRESS 18220 Harbor Light Drive Cornelius

LOCATION / DIRECTIONS 115 N to Scotts Creek Rd. to Emma. At end Drive on right of Cul de sac.

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 1.51 AC DESIGN FLOW 600 L.T.A.R. .3

Septic Tank 1000	Gallons: STB	Date	☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI	☑ Residence No. Bedrooms 5	Water Supply
Pump Tank	Gallons: P.T	Date	System Description: 25% Reduction	☐ Business No. Persons	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction	☐ Other No. Employees	☑ Public
Nitrification Field No Fields	No Lines 5	Linear Feet 500	Maintenance Agreement Required ☐ YES ☐ NO	☐ Slab ☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing	

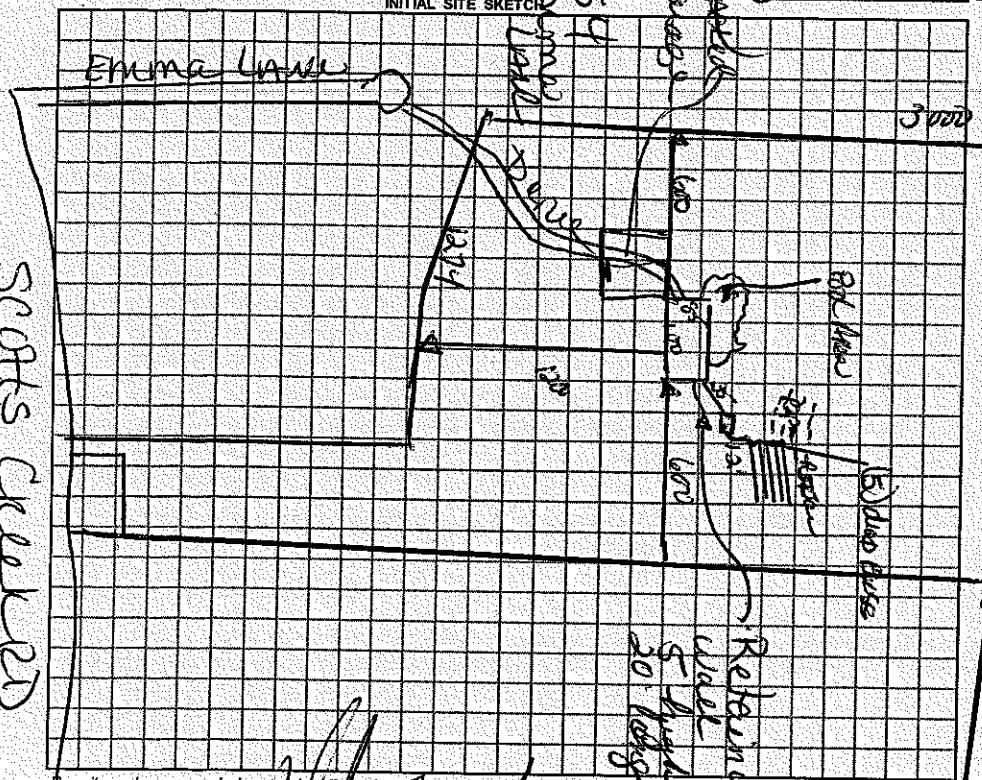
Comments / Conditions

Upgrade or Certain
Maintain all setbacks

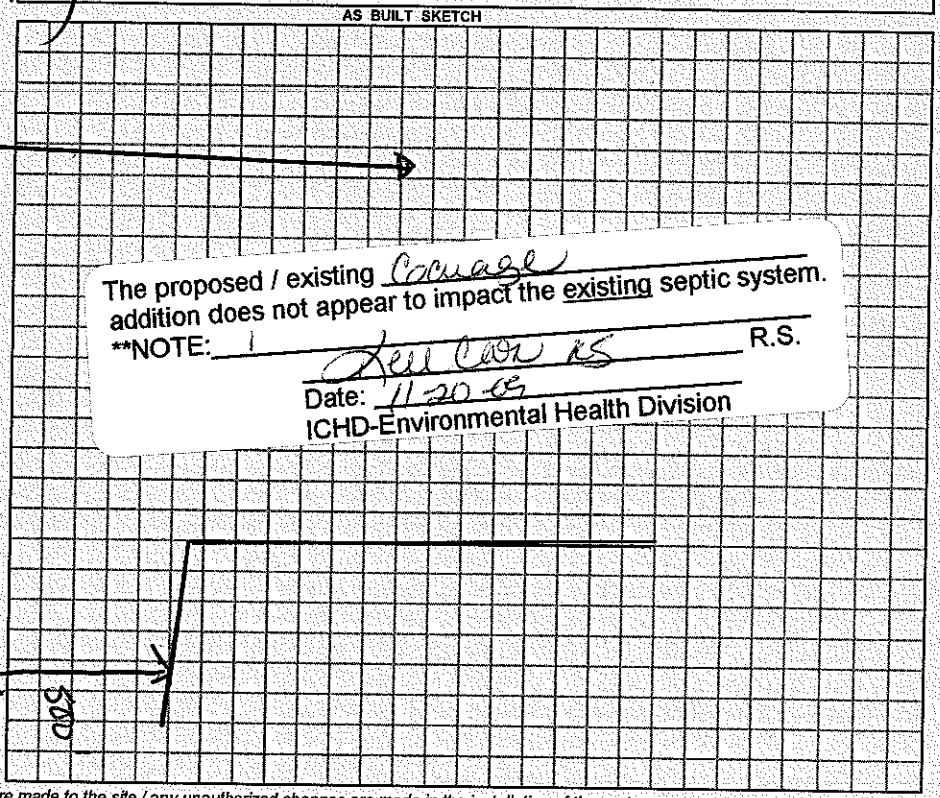
Comments / Conditions

5 @ 100' each
5 drop boxes

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Garage addition does not appear to impact the existing septic system.

**NOTE: Kelly Cook R.S.

Date: 11-20-09

ICHD-Environmental Health Division

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 w / plan valid without expiration* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date 11-2-09

Improvement Permit by: Kelly Cook Date 9-15-09

Authorization to Construct by: Kelly Cook Date 9-15-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant