IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128445 PIN# 4705116025 4720516025 DATE 7-12-05

OWNER OR CONTRACTOR John McCormick PHONE: Business 412-608-8709 Home 704-528-7883

ADDRESS 1105 Bower Hill RD Pittsburgh PA 15243

LOCATION State Park - Lot wildlife @ Maple View @ Deer Cove lane

SUBDIVISION Wildlife bay BLOCK / SECTION II LOT 90/90A LOT AREA SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-5-06

Pump Tank: 1000 Gallons; PT 302 Date 3-17-06

Pump Make: GOULDS Model WE1512H Serial No A0660628

Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth ___

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

System Description: Pump - 25% GRAVITY

Repair System Description: Pump 25% Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other ___

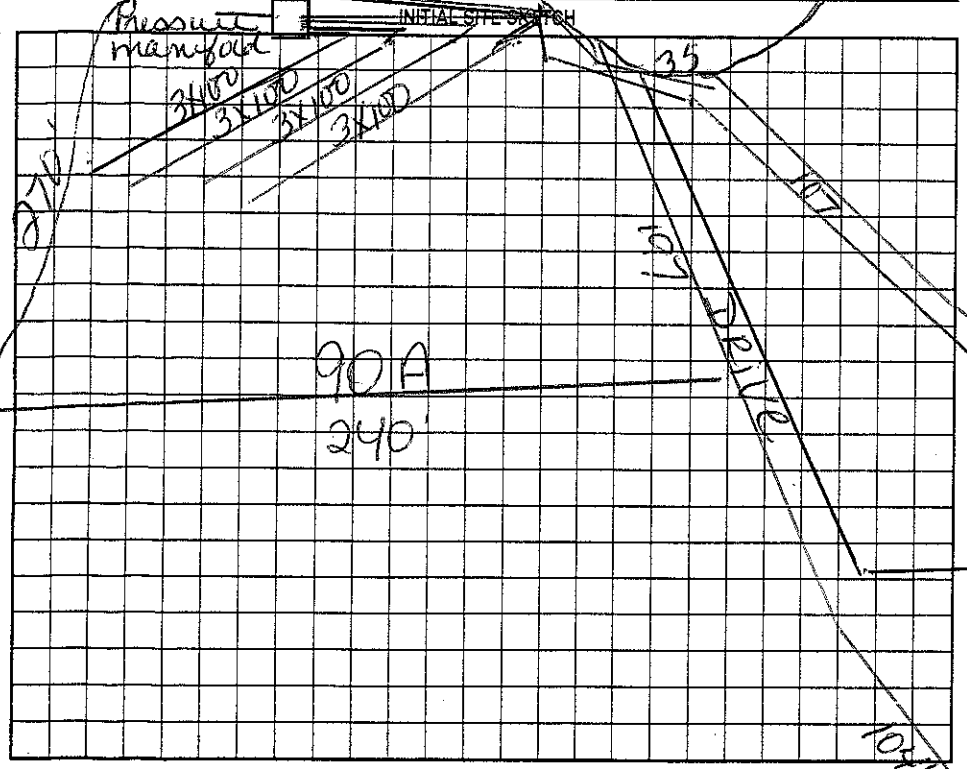
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

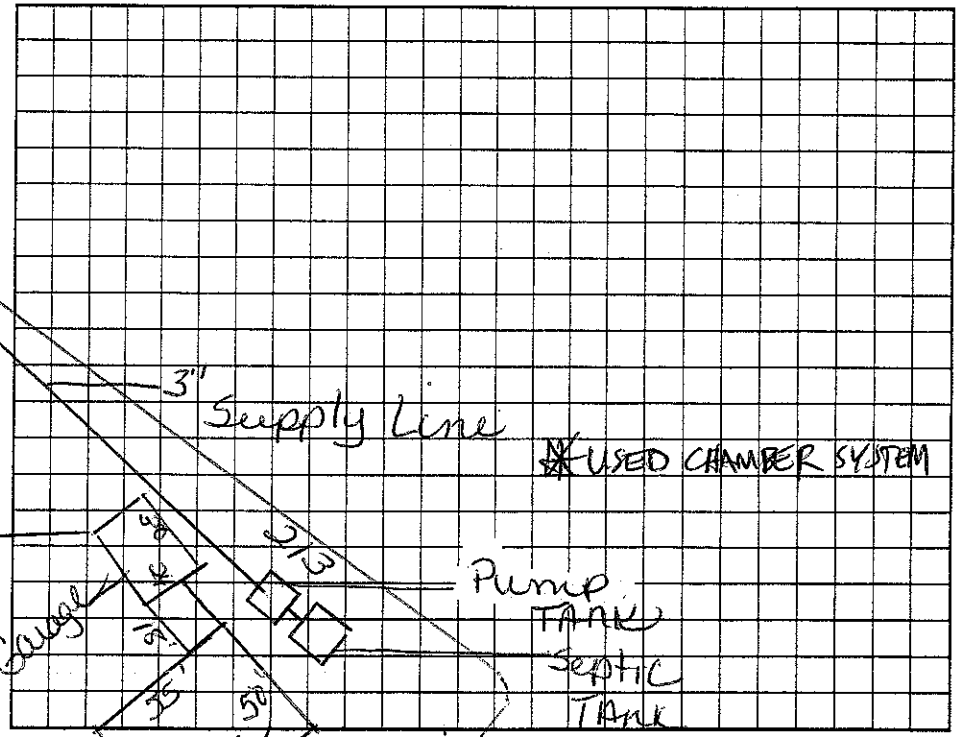
109 Deer Cove Lane (1"=60')

INITIAL SITE SKETCH



Comments:/Conditions:

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: [signature] date 8-13-05 Installed by: JOE THOMPSON

Improvement Permit by: [signature] date 7-12-05 Operation Permit by: [signature] date 06/23/06

Authorization to Construct by: [signature] date 7-12-05 Existing System Inspection by: ___ date ___

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