WARREN WELCH 201 3855

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 35868 PIN# 4713036797 DATE 8-8-06

OWNER OR APPLICANT Leeland - Brown Custodian PHONE: Business 704-895-9652 Home

ADDRESS 19350 Weavers Circle Cornelius NC 28031

LOCATION Exit 28 (E) State Park Rd (R) Reeping Waters Ln Property on left

SUBDIVISION Twin Creeks BLOCK / SECTION 1 LOT 3 LOT AREA 1.68 SITE CLASS. B DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 994 Date 4-30-07

Pump Tank: 1000 Gallons: PT 27 Date

Pump Make: Zoeller Model N 152-B Serial No.

Nitrification Field: No Fields Square Feet 1920 Linear Feet 320

No Lines 6 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: 500 lav Pud

Repair System Description: 300 lav Pud

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N ☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumb

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons No. Employees

Water Sup ☐ Individu ☑ Public ☐ Commu

Comments:/Conditions:

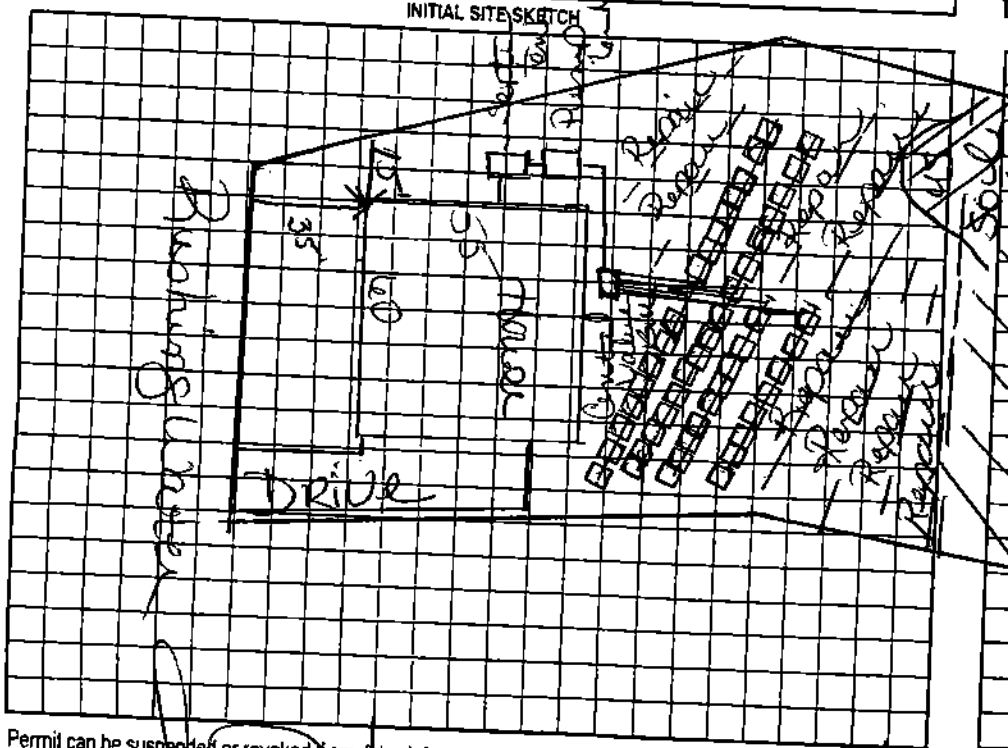
Install as per rec Maintain all about

Comments:/Conditions:

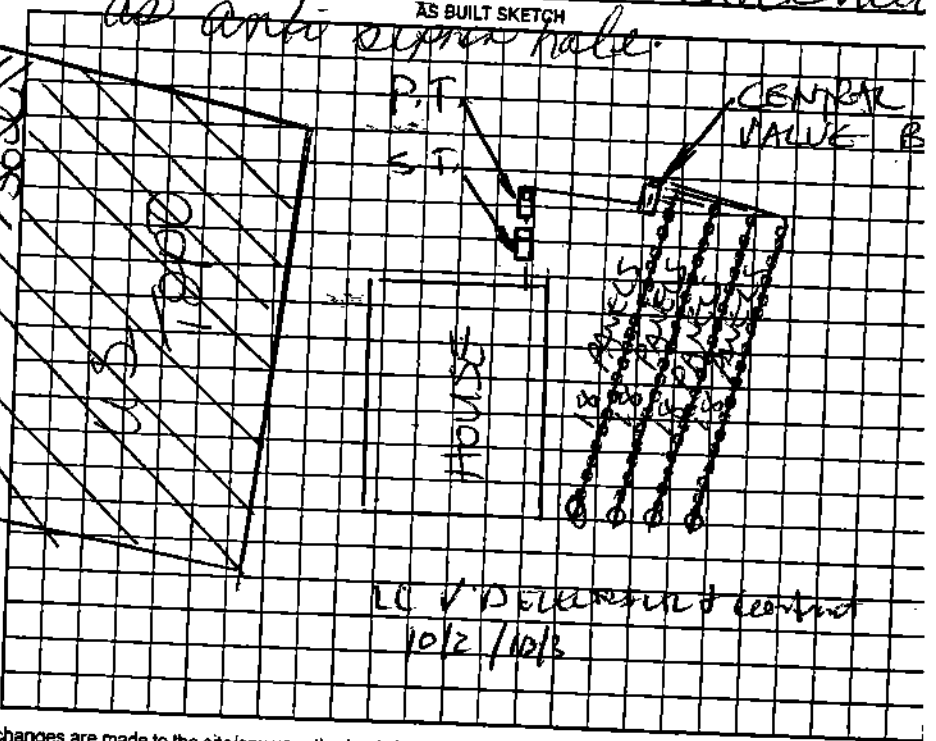
6@ 54' each

* Pump worksheet - Check valve as per pump manufacturer

INITIAL SITE SKETCH



AS BUILT SKETCH



LC V Delivered & tested 10/2/06

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months

☐ with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐

Permit by: [signature] date 10/1/06 Installed by: COMMERCIAL SERVICES of STANLY

to Construct by: [signature] date 8-16-06 Operation Permit by: [signature] date 10/2/07

HEALTH DEPT COPY: WHITE OWNER COPY: YELLOW Existing System Inspection by: date