See attached: Pole Barn addition 11-24-09.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad 1-23-09 approved 11-23-09 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 13403 PIN# 4773939602 7 DATE 3-2-06

OWNER OR CONTRACTOR Ronald H Cornell PHONE: Business _____ Home _____

ADDRESS 197 Cortland Mclean RD - RD 7 Cortland NY 13045

LOCATION 115 North Right on Sawers Creek Left on N Chipley 3 br Deer Ridge lot

SUBDIVISION _____ BLOCK / SECTION III LOT _____ LOT AREA 5.526 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 3-20-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity - 25 %

Repair System Description: Gravity - 25 %

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

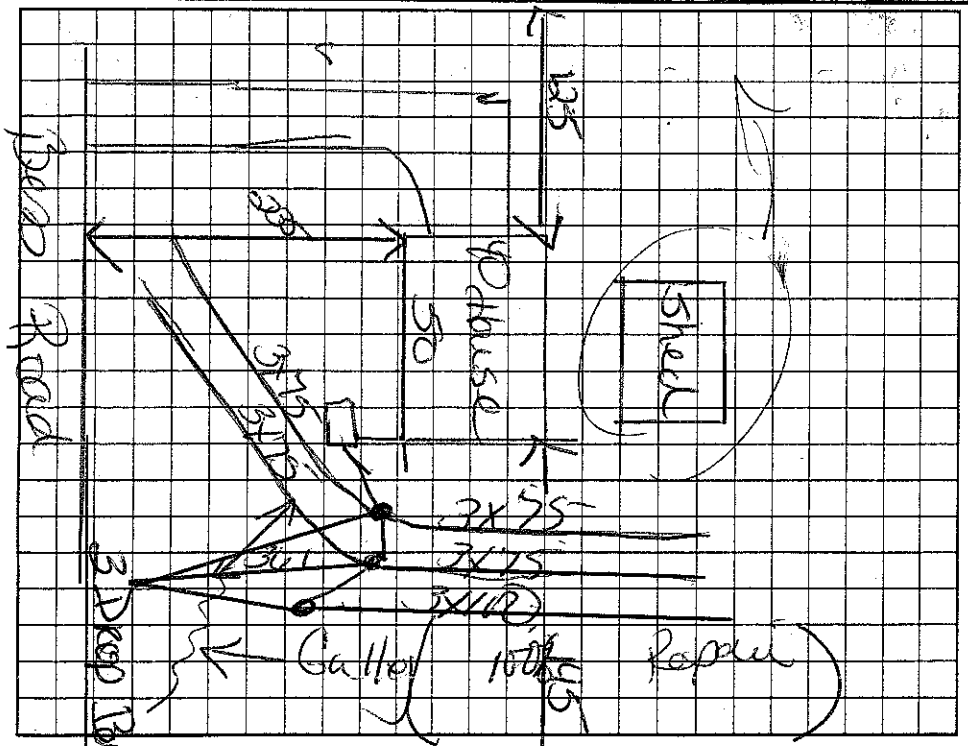
Comments:/Conditions:

Well Must be 100' away Septic and Repair area.

Comments:/Conditions:

Install on contour maintain all setbacks

INITIAL SITE SKETCH 805



AS BUILT SKETCH

(not to scale)

Red Polylock Septic tank made

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: Ronald H Cornell date _____ Installed by: Ronald Cornell (Homeowner)

Improvement Permit by: Kelly Cook date 3-2-06 Operation Permit by: Kelly Cook date 4-11-06

Authorization to Construct by: Kelly Cook date 8-3-06 Existing System Inspection by: _____ date _____

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

site address: 181 Bess Rd