THIS PERMIT VOIDS PREVIOUS ISSUED 6-15-2001

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100794 PIN# 4751-77-2157 DATE 5-21-02

OWNER OR CONTRACTOR RICK HOWELL PHONE Business 704-379-4988 Home 704-892-1020

ADDRESS 16201 JETTON ROAD, CORNELIUS, NC 28031

LOCATION I-77 South, TL Amity Hill Rd, on Right 2.4 miles, back off Road ~600 feet

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 606.66 ACRES SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1500 Gallons; STB 338 Date 4-15-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No 575
Nitrification Field: No Fields 1 Square Feet ~~1380~~ 1725 Linear Feet ~~460~~ 575
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: Yes ~~No~~

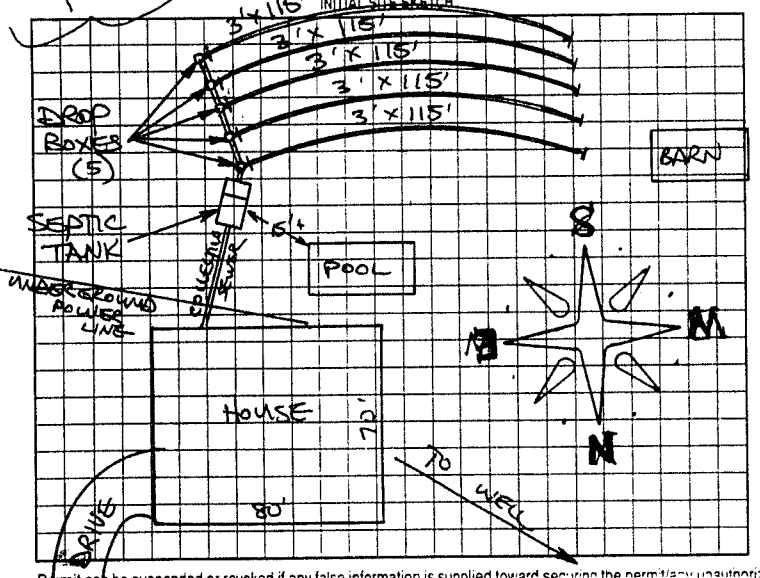
☑ House/Mod Home No Bedrooms 5
☐ Mobile Home No Bathrooms 4.5
☐ Business No Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

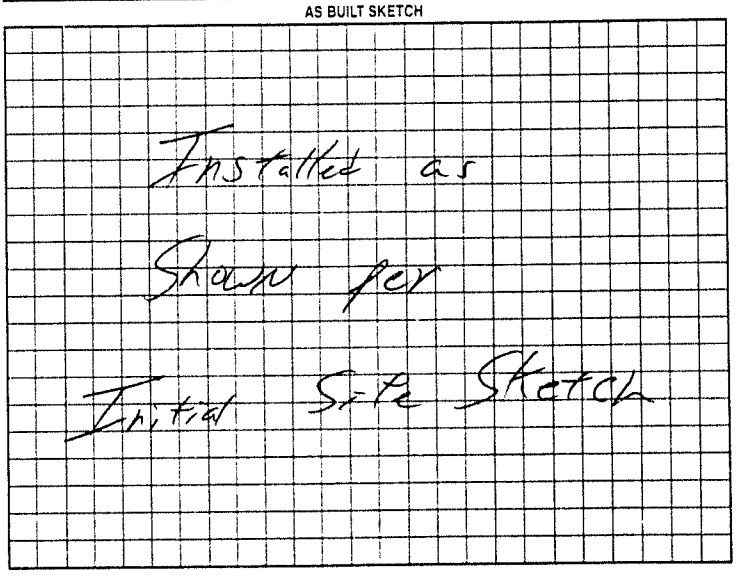
Comments/Conditions: REPAIR AREA 100%

Comments/Conditions: Zabel Filter Installed
- Zabel S.T. Risers Installed

INITIAL SITE SKETCH



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: X _____ date 5-21-02 Installed by LaVon Benton

Improvement Permit by: STEVE HEDRICK date 5-21-02 Operation Permit by William O. Johnson date 5/31/02

Authorization to Construct by: STEVE HEDRICK date 5-21-02 Existing System Inspection by: _____ date _____

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