IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 3-9-05

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 126249 PIN# 4765-65-6047 DATE 10-14-05

OWNER OR CONTRACTOR JAMES THOMAS STARRETTE PHONE: Business 704-488-7435 Home 704-664-2576

ADDRESS 21621 NORMAN SHORES DR CORNELIUS NC 28031

LOCATION US 64 EAST TL PECAN TREE LANE, ~0.6 MILE BACK TO THE LEFT

SUBDIVISION Country Woods East BLOCK / SECTION ____ LOT 7 LOT AREA 6.637 Acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-5-05

Pump Tank: 1000 Gallons; PT 17 Date 6-14-05

Pump Make: GOULDS Model NEC512HH Serial No. H05260722

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 240

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION PUMP

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

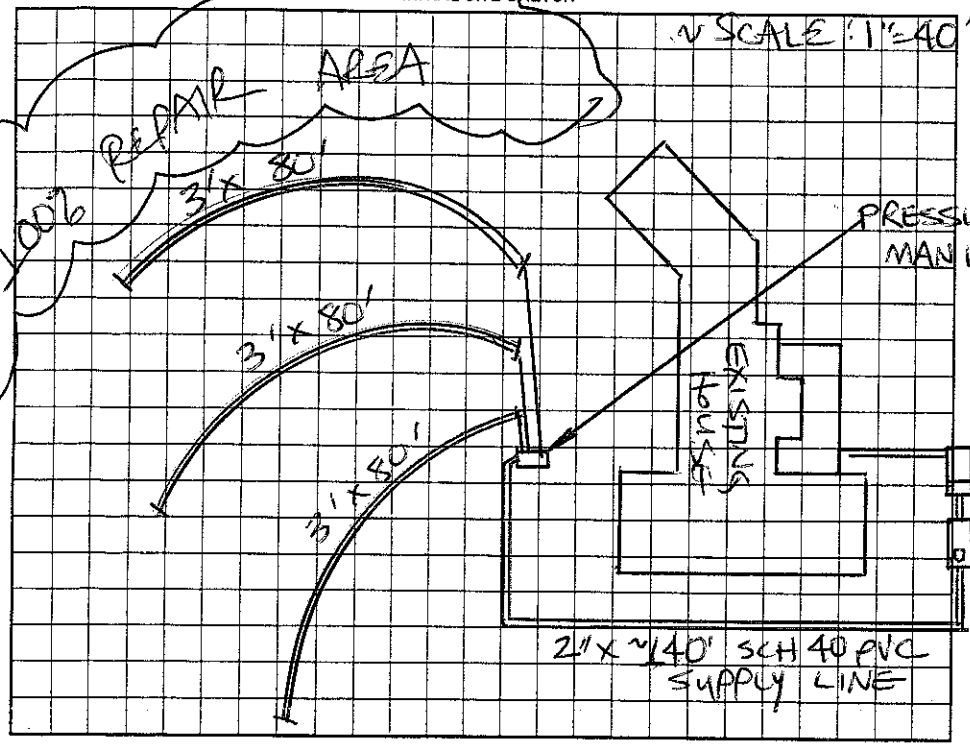
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

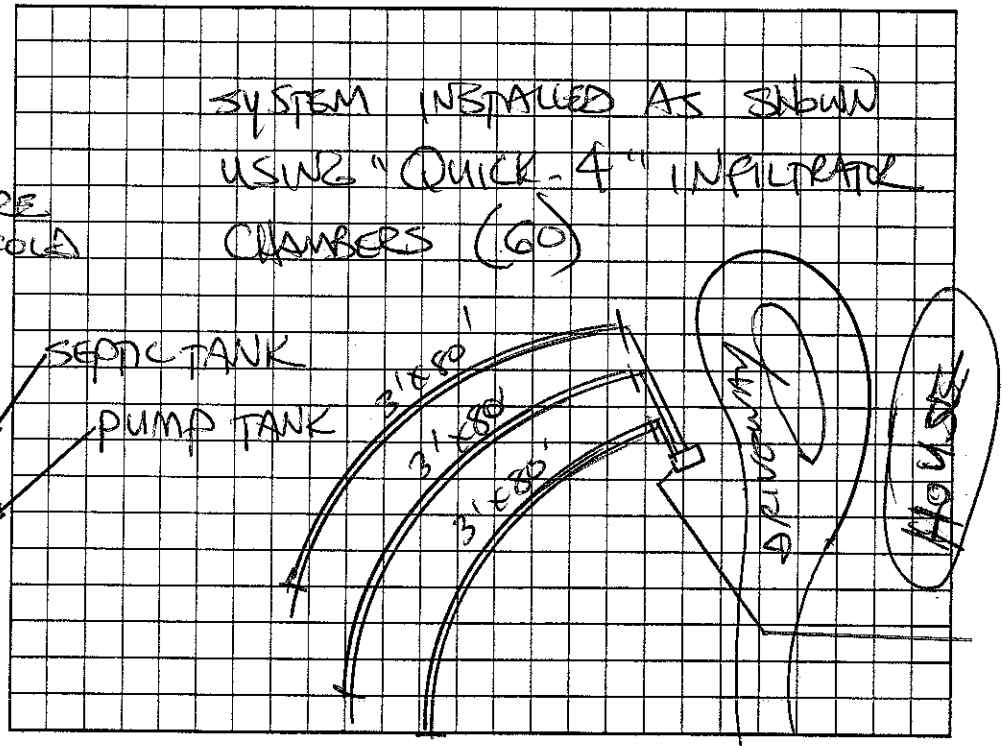
Comments:/Conditions: (1) INSTALL 25% REDUCTION SYSTEM AS SHOWN (2) KEEP SYSTEM MINIMUM 100 FEET FROM WELL (3) SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER

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: Clyde Fellers date 10-14-05 Installed by: DAVID YOUNTZ

Improvement Permit by: STEVE HENDRICK date 10-14-05 Operation Permit by: STEVE HENDRICK date 12-30-05

Authorization to Construct by: STEVE HENDRICK date 10-14-05 Existing System Inspection by: ____ date ____

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