IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100518 PIN# 4860 65 1136 DATE 5-25-01

OWNER OR CONTRACTOR EDWARD ROLLINS PHONE: Business (704) 488-5156 Home c/o (704) 892-8394

ADDRESS 21407 COUNTRY CLUB DR, CORNELIUS, NC 28031

LOCATION US 21 N, TL TABOR ROAD, LOT ON RIGHT BETWEEN ASHFORD AND FORNEY ROAD

SUBDIVISION HAZELWOOD BLOCK / SECTION ____ LOT 6 LOT AREA 0.86 ACRE SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 5-14-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines FOUR 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: CONV. GRAV/PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1½
☐ Business No. Employees ____
☐ Other ____

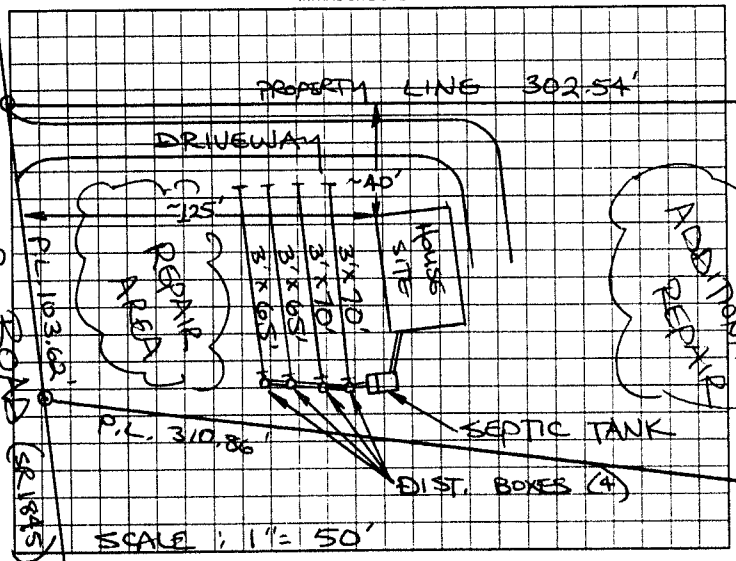
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

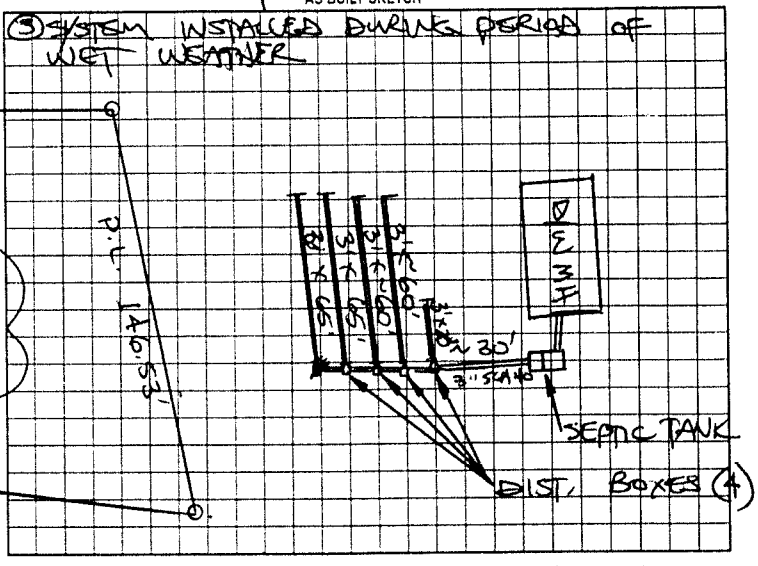
Comments/Conditions ① SYSTEM ALTERED AS SHOWN BELOW WITHOUT PRIOR HEALTH DEPT. APPROVAL.
② SEPTIC TANK WITH MARKER INSTALLED USING "POLY-LOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

③ SYSTEM INSTALLED DURING PERIOD OF WET WEATHER



TABOR ROAD (SR 1845)

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: Edward L Rollins date 5-25-01 Installed by: BOB'S BACKHOE

Improvement Permit by: STEVE HEDRICK date 5-25-01 Operation Permit by: STEVE HEDRICK date 7-23-01

Authorization to Construct by: STEVE HEDRICK date 5-25-01 Existing System Inspection by: ____ date ____

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