IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094500 PIN# 3793167359 DATE 2/22/01

OWNER OR CONTRACTOR David R. Wilson PHONE: Business (704) 881-0071 Home —

ADDRESS 289 Sharon School Rd Statesville NC 28677

LOCATION I-40 W, R Sharon School Rd, R Sharon Crest L on White Dogwood Lane on R @ End

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 7.5 Acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. -3

Septic Tank: 4000 Gallons; STB 1012 Date 9-4-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4@133 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

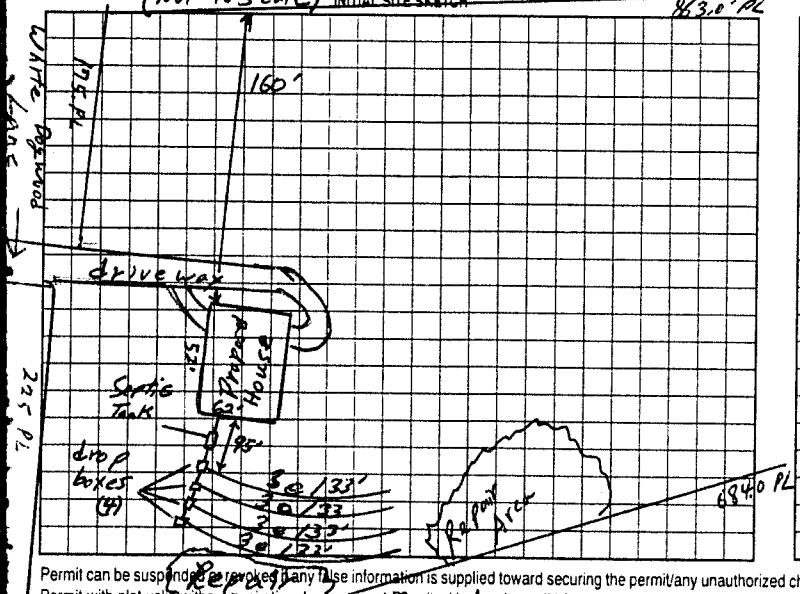
X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

Water Supply: ☐ Individual X Public ☐ Community

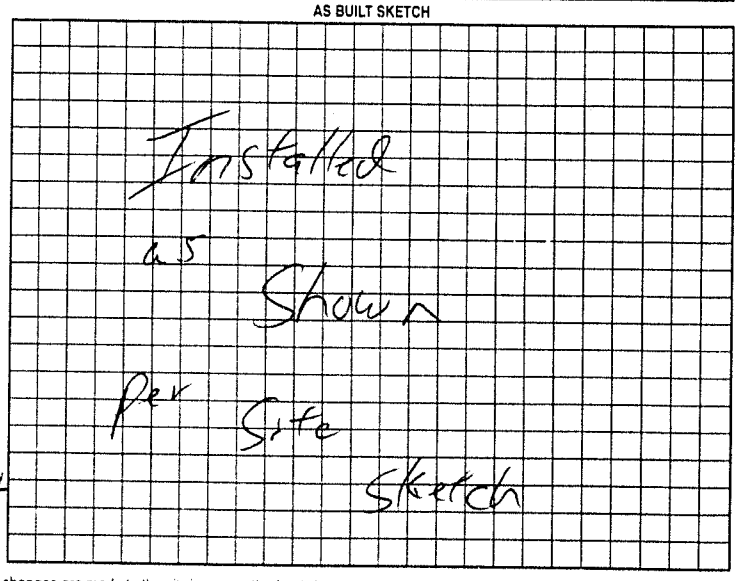
Comments/Conditions: ① Do not install when wet ② Install lines on contour

Comments/Conditions: — Pump/Lots Filter Installed — Septic Tank Marker Installed

(Not to Scale) 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: David R Wilson date 2-28-01 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson RSI date 2/22/01 Operation Permit by: William O. Johnson date 11/27/01

Authorization to Construct by: William O. Johnson RSI date 2/22/01 Existing System Inspection by: ____ date ____

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