IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83163 PIN# 3794611170 DATE Aug 9, 99

OWNER OR CONTRACTOR Silver Wave Prop PHONE: Business 532-6527 Home

ADDRESS 5551 Monroe Rd Charlotte, NC 28212

LOCATION I40W (R) Old Mt Rd (L) Island Ford (L) Gable Rd (L) Marystone (R) 2nd Street AT end on Right

SUBDIVISION Featherstone BLOCK / SECTION II LOT 22 LOT AREA .69 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 5-7-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 5 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: Gravity / 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home No. Bedrooms 3 No. Bathrooms 2 No. Employees

☐ Business ☐ Other

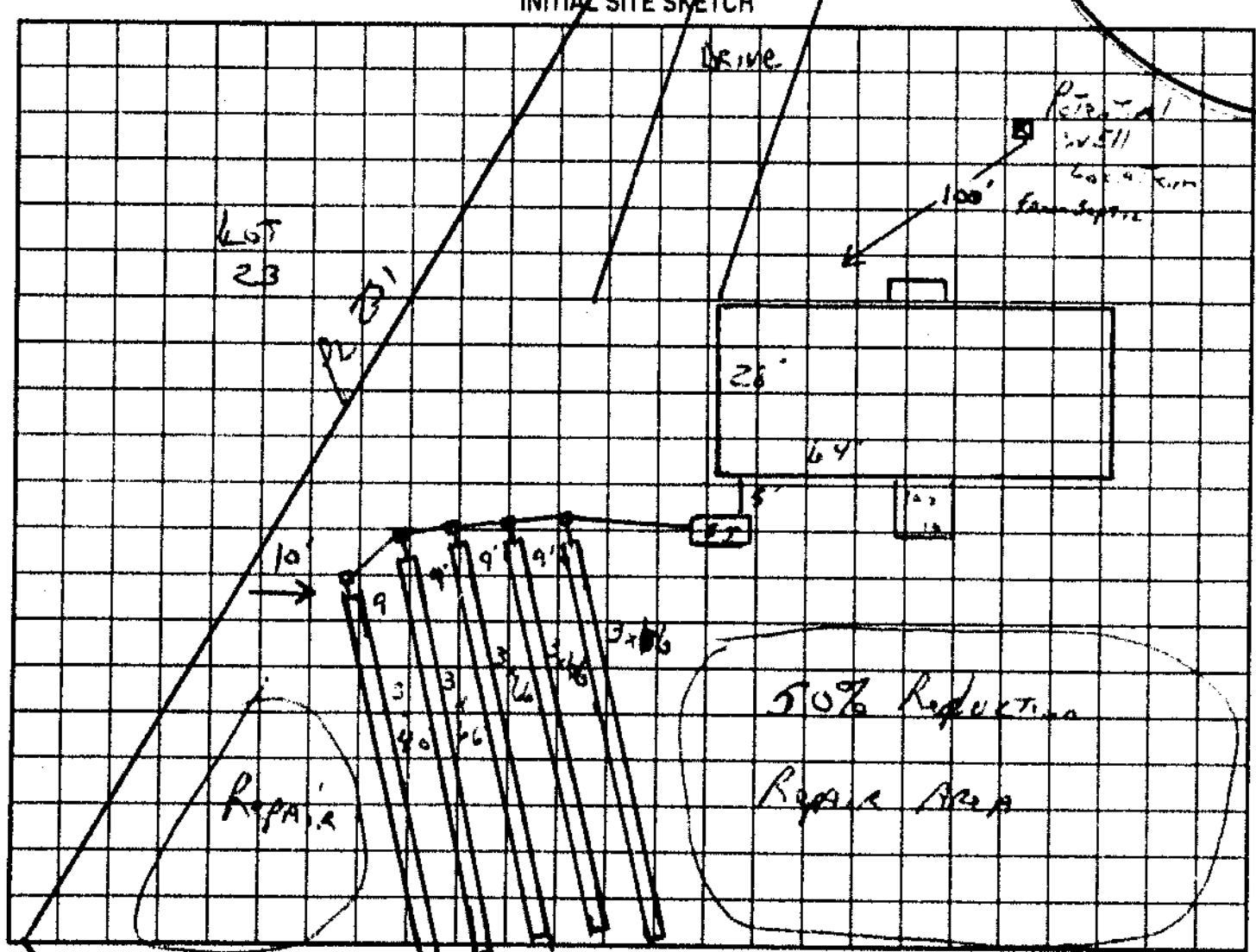
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community — Well

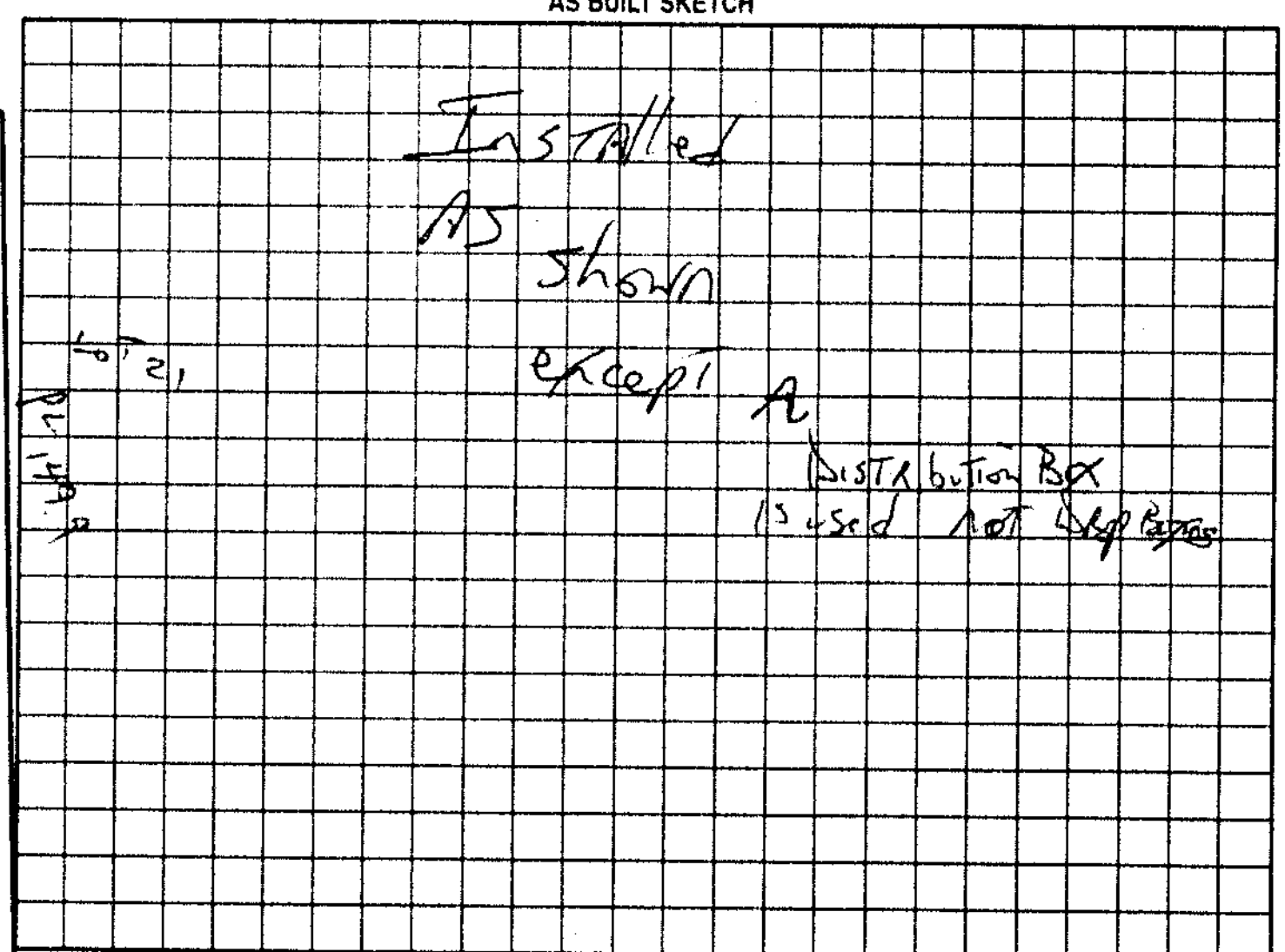
Comments/Conditions: Install on Contour If possible use 5-60ft Line plus boxes. Observe All set-backs ~~[struck]~~

Comments/Conditions:

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: James T. Barkley date 8-10-99 Installed by: Dellinger Grading

Improvement Permit by: J.C. Potter date 8 9 99 Operation Permit by: J.C. Potter date 9.9.99

Authorization to Construct by: J.C. Potter date 8 9 99 Existing System Inspection by: date

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