IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87993 PIN# 3794611170 DATE March 8 2000

OWNER OR CONTRACTOR Silver Wave Property PHONE: Business 704 532 6527 Home

ADDRESS 5551 Monbar Rd Charlotte NC

LOCATION Nth Old Mt Rd ① Island Ford ② Gobbler Rd ③ Maristone ④ 1st street to end on left

SUBDIVISION Featherstone BLOCK / SECTION II LOT 29 LOT AREA 1.39 SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 10-9-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: Conv. Gravity

Repair System Description: Pump

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

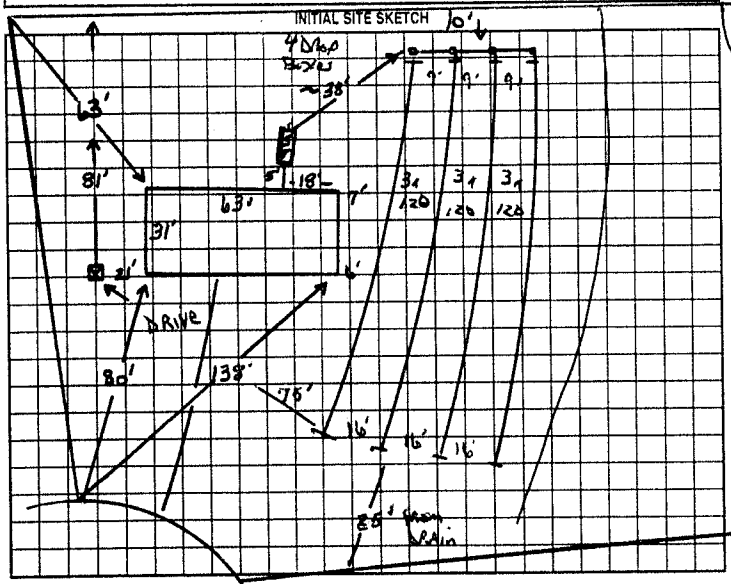
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

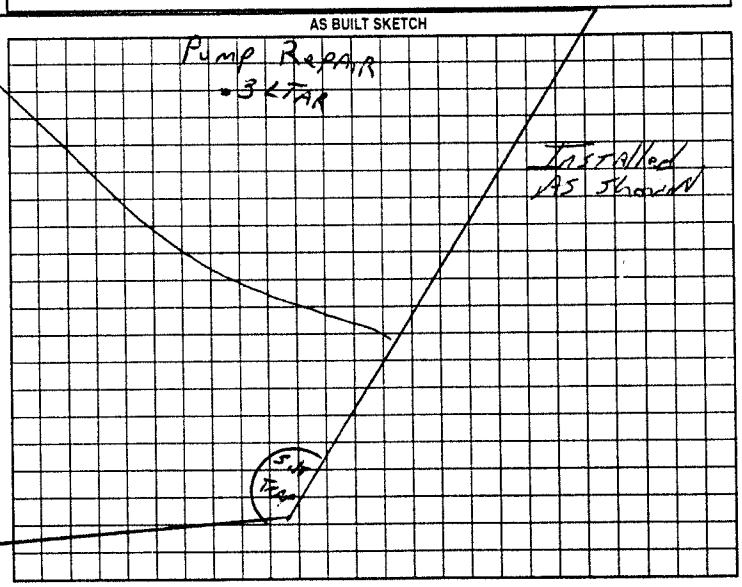
Comments/Conditions: Install on contour as shown Locate well max feasible distance from all existing Septic Systems Not to scale

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. Bachelor date March 4, 2000 Installed by: Dellinger

Improvement Permit by: L. Potter date March 8 2000 Operation Permit by: L. Potter date March 29 2000

Authorization to Construct by: L. Potter date March 8 2000 Existing System Inspection by: date

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