IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83229 PIN# 3794611170 DATE Aug 20, 99

OWNER OR CONTRACTOR Silverwave Properties PHONE: Business 5326626 Home

ADDRESS 5551 Monroe Rd Charlotte 28212

LOCATION Oldmtn North from Mo, (R) Island Ford (L) Gobler (R) Maristone Last Lot on left before Cul de Sac

SUBDIVISION Featherstone BLOCK / SECTION II LOT 11 LOT AREA .69Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4-6-99
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"

☑ New System ☐ Repair System Type: I. II. ⓘ IV. V. VI
System Description: 25% Reduction Gravity
Repair System Description: 50% Gravity Reduction
Maintenance Agreement Required ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

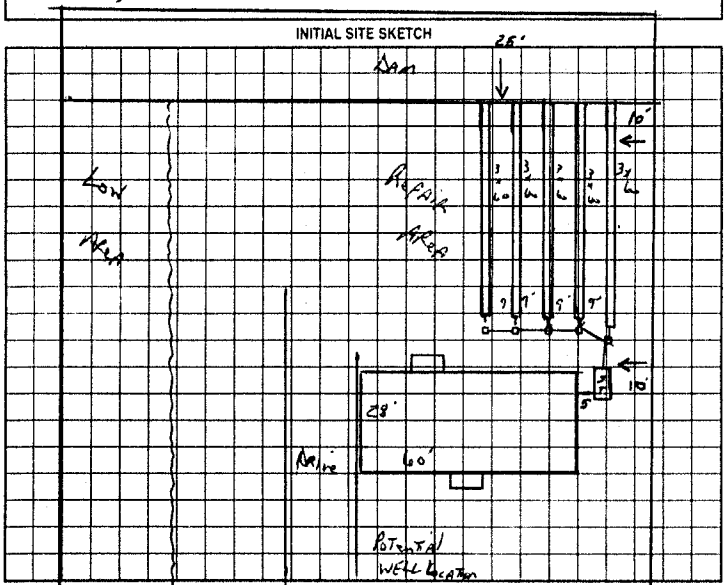
Water Supply: ◉ Individual ☐ Public ☐ Community
WELL

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

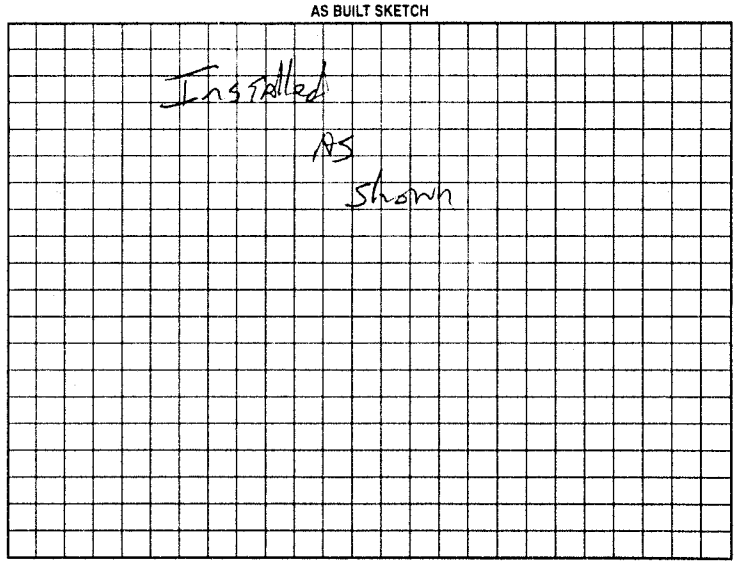
Comments/Conditions: 50 chambers or 30 HNS Sections
Locate well 100 ft or maximum feasible distance from Septic System (50 ft min)

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: date Installed by: Dellinger Grading

Improvement Permit by: J.C. Potter date Aug 20 99 Operation Permit by: J.C. Potter date 9.9.99

Authorization to Construct by: J.C. Potter date Aug 20 99 Existing System Inspection by: date

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