See permit #104817 for pool addition 10/18/11. CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118820 PIN# 3294-83-6596 DATE 3-12-04

OWNER OR CONTRACTOR WCH Inc PHONE: Business (704) 873-2006 Home —

ADDRESS 1772 Island Ford Rd Statesville N.C. 28625

LOCATION I-40W (R) Old Mtn. Rd. (L) Island Ford Rd, (R) Wilhelm Lane, House next to last on right

SUBDIVISION Sigmon BLOCK / SECTION — LOT 13 LOT AREA 2.3 Ac SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-23-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345
No Lines 2 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

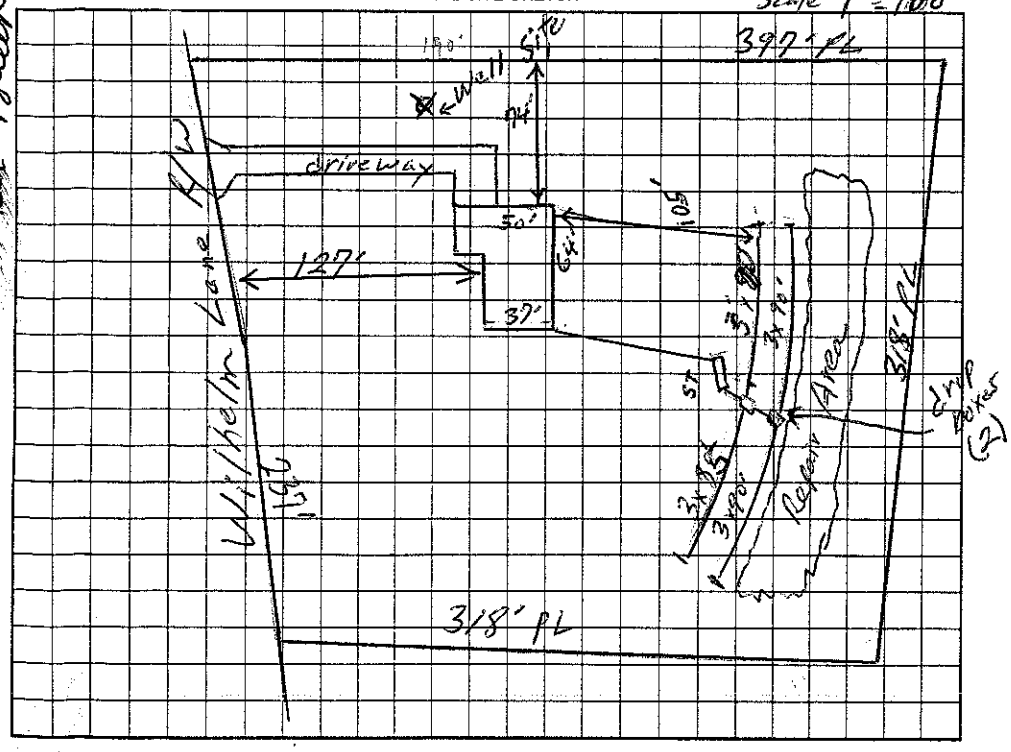
Comments:/Conditions: ① Install lines on contour ② maintain proper setbacks

Comments:/Conditions: — Tuff-Tite filter
— Installed Tuff-Tite filter
— S.T. Risers Installed

Owners: Brian Walther

INITIAL SITE SKETCH

Scale 1" = 100'



AS BUILT SKETCH

Installed As Shown per Initial Site 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 3/12/04 Installed by: Dale Fox

Improvement Permit by: William O. John date 3/12/04 Operation Permit by: William O. John date 8/27/04

Authorization to Construct by: William O. John date 3/12/04 Existing System Inspection by: _____ date _____

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