IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112590 PIN# 3796-86-7901 DATE 6/3/03

OWNER OR CONTRACTOR White Wolf Properties PHONE: Business (704) 532-6625 Home —

ADDRESS 5551 Monroe Rd Charlotte N.C. 28212

LOCATION Hwy 64 W, @ E. Lackey Farm Rd, @ Cherry Blossom Lane, @ Fair chase Circle 1st on right

SUBDIVISION Field Croft BLOCK / SECTION 2 LOT 30 LOT AREA .994 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1607 Date 6-10-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

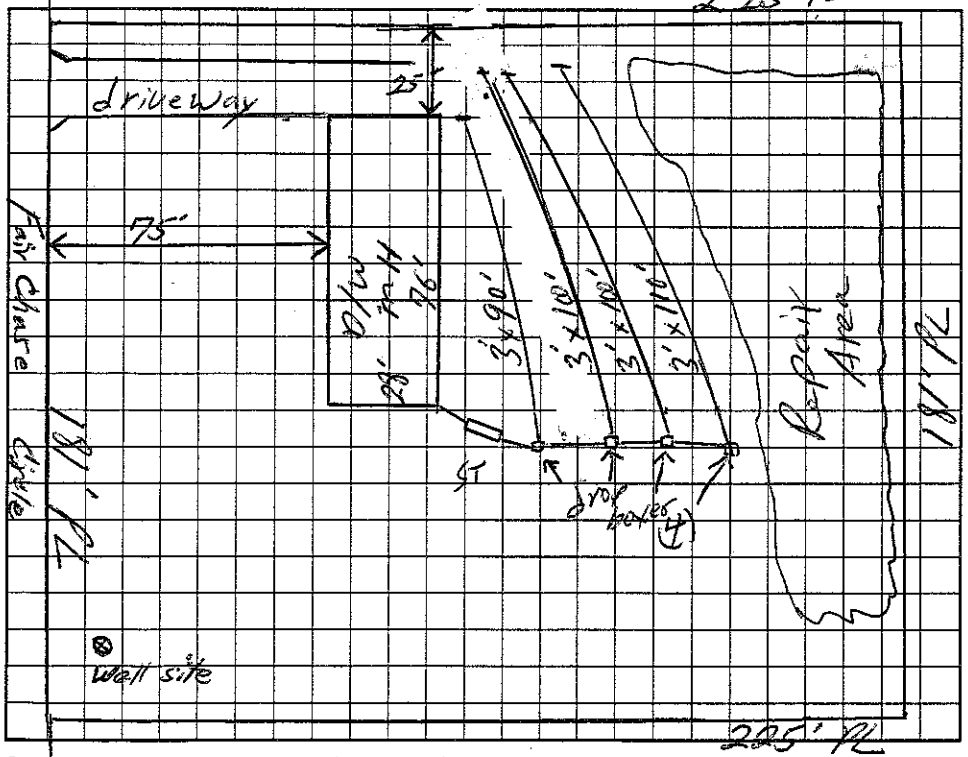
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: @ Install lines on contour

Comments:/Conditions: - poly lok fitters & ST marker

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown Per Initial Site Sketch

(4 Lines @ 100 ft Installed)

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 J Barker date 6-11-03

Improvement Permit by: William O. Johnson date 6/3/03

Authorization to Construct by: William O. Johnson date 8/11/03

Installed by: Tommy Cothren + Son

Operation Permit by: William O. Johnson date 9/4/03

Existing System Inspection by: ____ date ____

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