IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 1/7/00.

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

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

PERMIT# 086161 PIN# ~~4639234457~~ 4629-52-1890 DATE 9/8/03

OWNER OR CONTRACTOR Rick Wilson PHONE: Business 704 902-2343 Home

ADDRESS 148 Deercroft Ln Statesville NC 28625

LOCATION State Park Rd. ① Morrison Farm Rd ② Acorn Rd, ③ 182 Windswept Lane on Right

SUBDIVISION Hunter Bay BLOCK / SECTION — LOT 44 LOT AREA 29,674 ft² SITE CLASS. 5 DESIGN FLOW 600 L.T.A.R. .30 gpd/ft²

Septic Tank: 1500 Gallons; STB 1011 Date 7-4-03

Pump Tank: 1500 Gallons; PT 99 Date 10-20-01

Pump Make: Gould's Model WE0511H Serial No. 50336391

Nitrification Field: No Fields 1 Square Feet Reg to 2,000 Linear Feet 500

No Lines 5 @ 100 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: pump 25% Reduction

Repair System Description: pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 5

☐ Business No. Employees ____

☐ Other ____

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

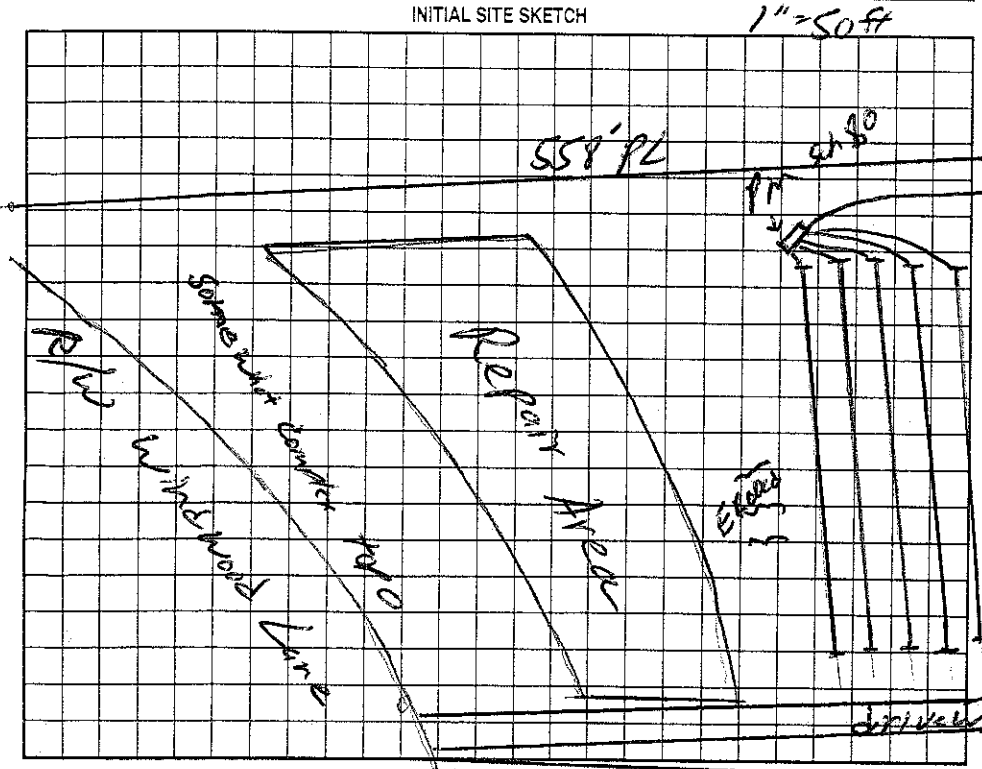
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

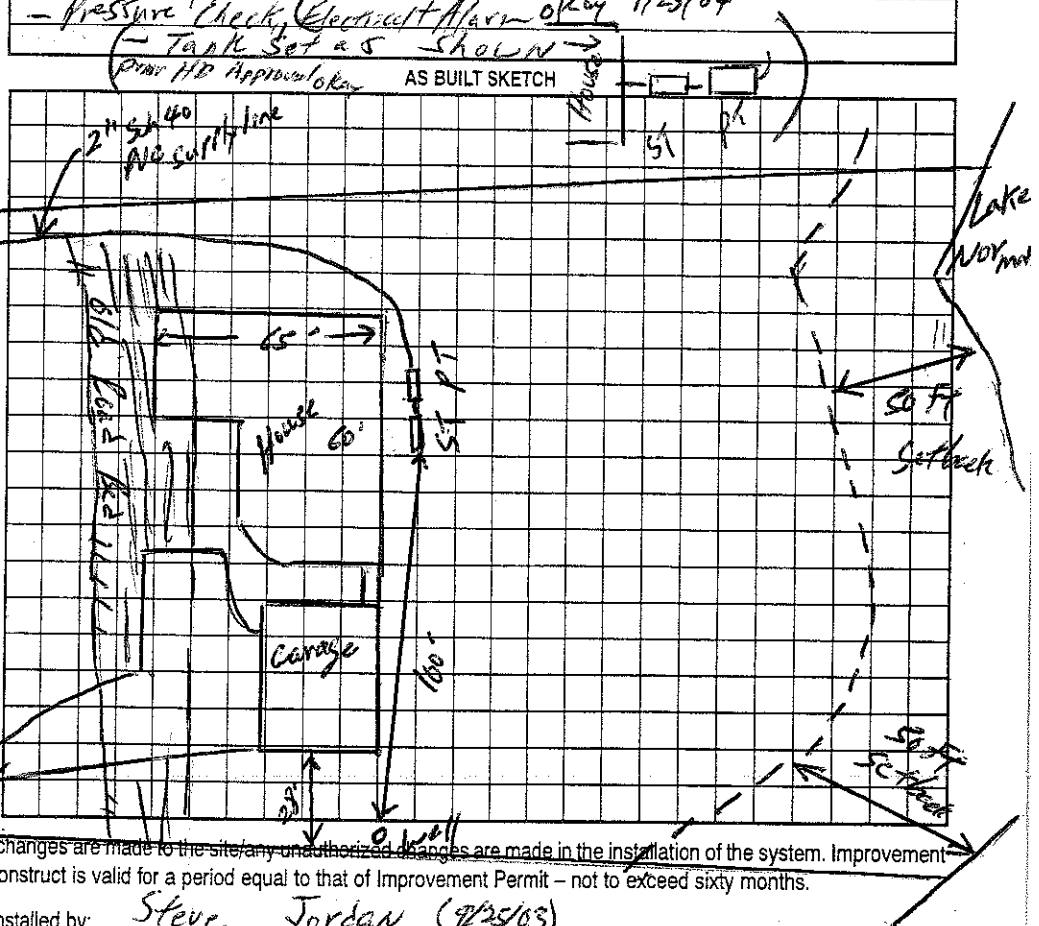
Comments:/Conditions: Tuff Tite Filter + ST Marker Installed - Lines Okay 9-25-03 - Pressure Check, Electrical + Alarm Okay 7/23/04 - Tank Set as Shown

Prior HD Approval Okay

INITIAL SITE SKETCH 1" = 50 ft



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: [signature] date 9/4/03

Improvement Permit by: William O. Johnson date 9/8/03

Authorization to Construct by: William O. Johnson date 9/9/03

Installed by: Steve Jordan (9/25/03)

Operation Permit by: William O. Johnson date 7/23/04

Existing System Inspection by: ____ date ____

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

This permit Expires 1/7/05.