12-00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 5/10/00

PERMIT# 74881 PIN# 4639734550

OWNER OR CONTRACTOR MICHAEL CLARK PHONE: Business 528-3999 Home

ADDRESS HWY 21 S TROUTMAN

LOCATION STATE PARK - TL WILDLIFE BAY - TR SIERRA - TL DEER RUN - TL PARKVIEW - 5TH LOT ON RT

SUBDIVISION WILDLIFE BAY BLOCK / SECTION I LOT 19 LOT AREA 45,783 SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 825 Date 2-4-00
Pump Tank: 1000 Gallons; PT 302 Date 3-1-00
Pump Make: HYDROMATIC Model SIEF50A1 Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@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 INNOVATIVE
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

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

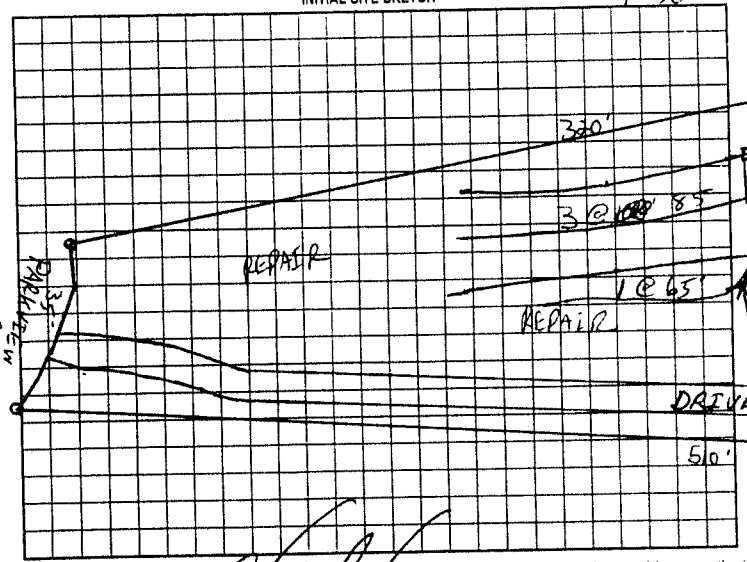
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

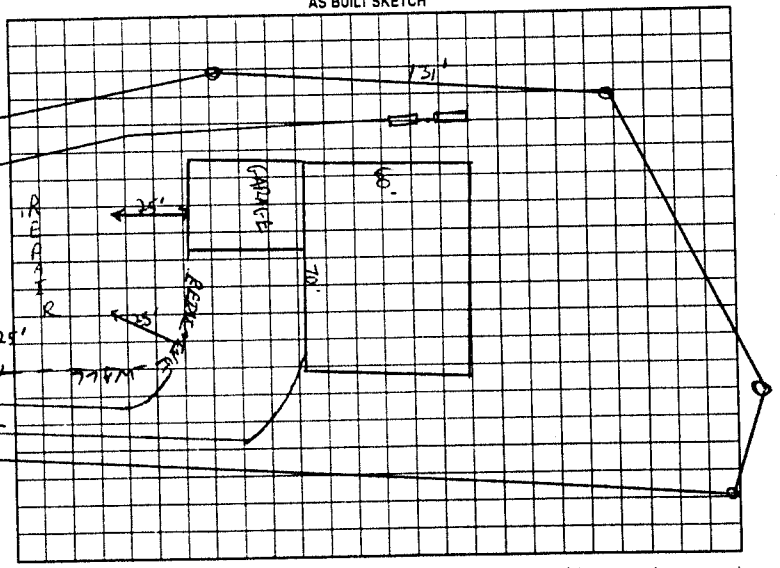
Comments/Conditions: PRESSURE, TANKS, LINES CHECKED.
(FLOATS & Electrical Need Setting)

Comments/Conditions: This voids permit dated 4-18-99

INITIAL SITE SKETCH 1"=50'



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 5/12/00

Improvement Permit by: KS date 5/10/00

Authorization to Construct by: KS date 5/10/00

Installed by: C&W

Operation Permit by: Mark Ogburn date 7-12-00

Existing System Inspection by: date

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