This Voids all Previous dated Permits

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76984 PIN# 4639734550

OWNER OR CONTRACTOR Allen Howard PHONE: Business _____ Home 662-8476 DATE 10/15/99

ADDRESS 120 Wellcraft Loop Mooresville NC

LOCATION S on Imp Rd R 215 (B) Perth Church Rd (B) State Park Rd (L) Wildlife Bay (L) on Seggia 1st Left 5th Lot

SUBDIVISION Wildlife Bay BLOCK / SECTION 1 LOT 5 LOT AREA _____ SITE CLASS 2B DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 1012 Date 10 1799
Pump Tank: 1000 Gallons; PT 17 Date 11 2799
Pump Make: Hydromatic Model Sheff 50 A1 Serial No 1-00 Microsite
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(X) New System ( ) Repair System Type: I. II (III) IV. V. VI
System Description: P.T. Conv.
Repair System Description: Same
Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home No. Bedrooms 3
( ) Mobile Home No. Bathrooms 2
( ) Business No. Employees _____
( ) Other _____

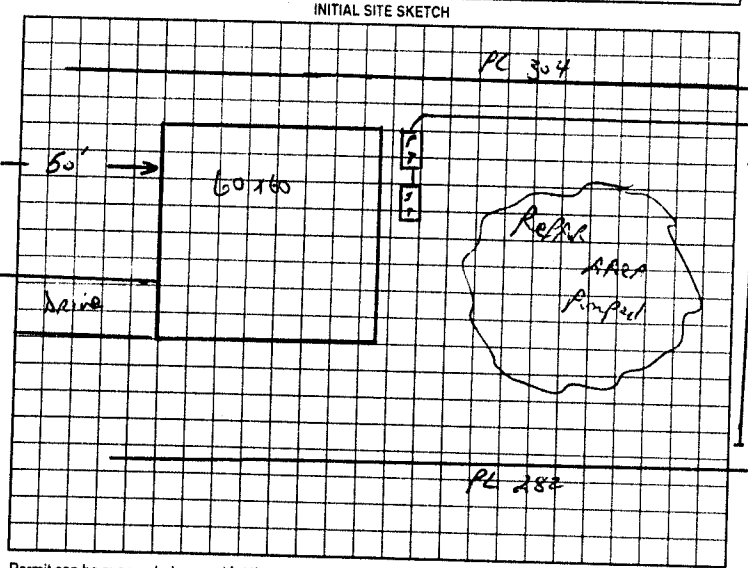
(X) Slab ( ) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

Water Supply: ( ) Individual (X) Public ( ) Community

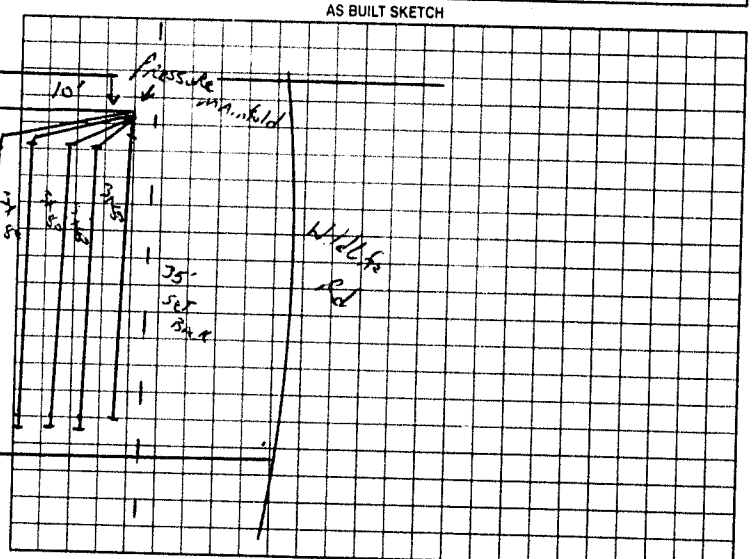
Comments/Conditions: INSTALL on CONTOUR Follow All set back Regulations

Comments/Conditions 2-11-00 Lines & Trench OK Manifold Box Tk 5-15-00 - Pressure Set Alarm Cked. Alarm Located Under Home

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: Allen Howard date _____

Improvement Permit by: J. Potter date 10/15/99

Authorization to Construct by: J. Potter date 10/15/99

Installed by: _____ date _____

Operation Permit by: J. Potter date May 19 2000

Existing System Inspection by: _____ date _____

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