IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 22844 PIN# 4636-39-5747 DATE Nov. 18, 04

OWNER OR CONTRACTOR Wiltrak Dev. Corp PHONE: Business _____ Home _____

ADDRESS 300 Mellville Ave, Cobrord NC 28027

LOCATION Brawley Sch Rd TR Blume TR Heron's Gate on left at jct of Harrison Pt.

SUBDIVISION Edgewater Park BLOCK / SECTION 5 LOT 24 LOT AREA .7 Ac SITE CLASS FS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-1-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: * Gravity 25% Reduction LPP BB

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No ~~Initially~~

~~☐ House/Mod. Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

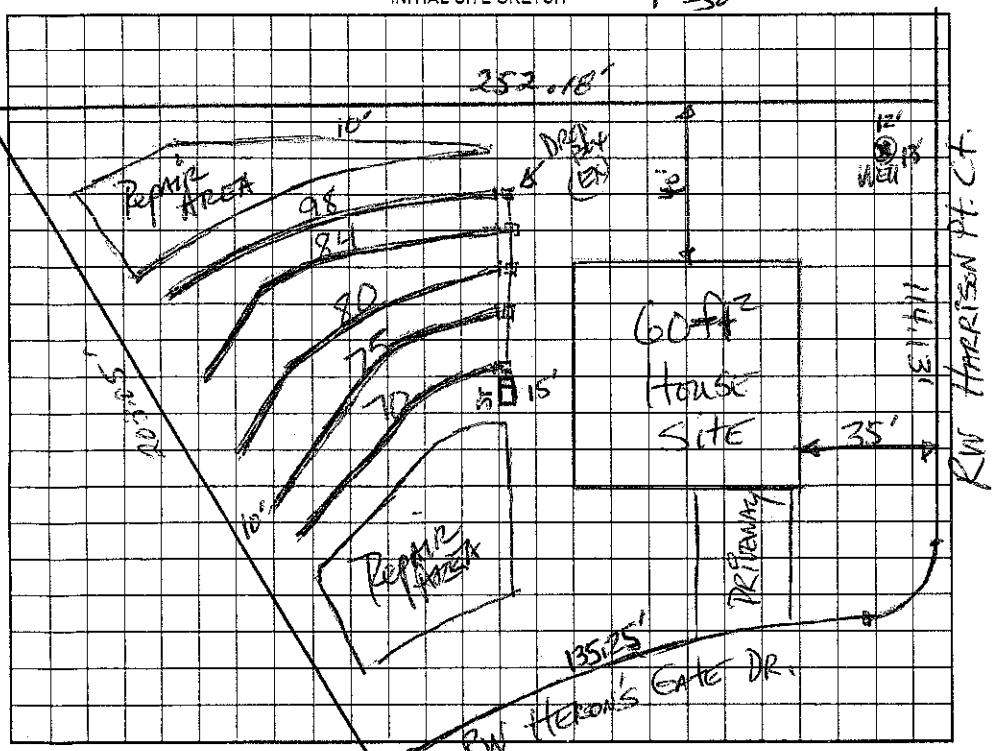
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: * DO NOT CUT LOWER Home Site OR USE of A Pump will be required - "SHAVE OFF" any berm remnant in drainfield area.

Comments/Conditions: Filter installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Used Quick 4, used "step down" theory in Quick 4 didn't used separate "drop boxes"

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: Pat Carpenter date 3.1.05 Installed by: Larry Hinkle RS

Improvement Permit by: [illegible] date 1-18-04 Operation Permit by: Marsha H Dobson RS date 3/30/06

Authorization to Construct by: Judy Melville date 1-30-06 Existing System Inspection by: _____ date _____

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