IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 463689 84466 DATE 5-22-07

OWNER OR APPLICANT Bill Woolledge PHONE: Business _____ Home 704-857-0738

ADDRESS 101 Paige Dr Salisbury NC 28147 704-677-4450 cell

LOCATION Brawley School Rd Th canvasback immediate TL Picardy Pl on right

SUBDIVISION Regency Lake Village BLOCK / SECTION E LOT 22 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 3/2 Date 5-12-07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 876 Linear Feet 292

No Lines 5 Trench Width 36" Max Trench Bottom Depth 20"

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Persons 6 No. Employees _____

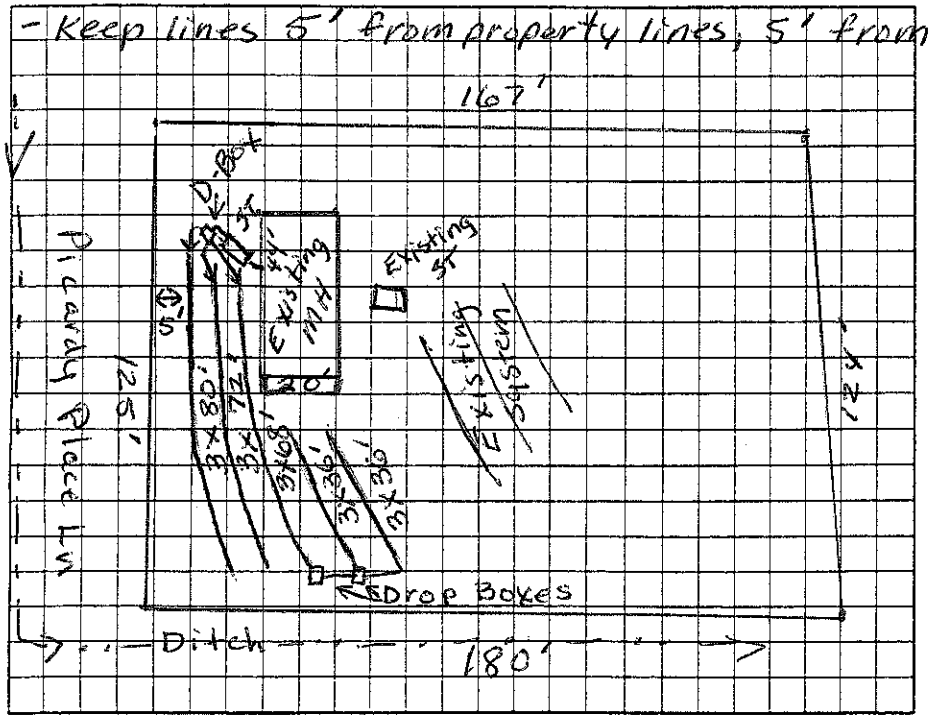
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: -Max. 20" trench bottom min. 6" cover - D-Box to 3 lines w/ speed leveler on lowest line on 6' centers - Set tank high for gravity - Drop boxes to additional 2 lines on 9' centers

Comments/Conditions: -Import suitable cover where needed 15' from house corner angled

INITIAL SITE SKETCH



AS BUILT SKETCH

- Recommend removing maple trees near system

Installed w/ Quick 4 Infiltrator essentially as per site 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 plan 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 5/30/07 Installed by: F J Ervin

Improvement Permit by: Judy Melville date 5-22-07 Operation Permit by: Judy Melville date 6-15-07

Authorization to Construct by: Judy Melville date 5-22-07 Existing System Inspection by: _____ date _____

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